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X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

38829

FILED DEC 11 1941

State File No. ....

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. 315

1. PLACE OF DEATH:

(a) County Marion  
(b) City or town Hannibal Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St Elizabeth Hospital  
(If not a hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Marion Co  
(c) City or town Hannibal Monroe City  
(If outside city or town limits, write "RURAL")  
(d) Street No.....  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... A

3. (a) PRINT FULL NAME Basil Patrick Riley

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 9  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased Nov. 13 1904  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
37 13 hr. min.

9. Birthplace SEWANEE 1 TENN.  
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business.....

MOTHER FATHER { 12. Name ROBERT RILEY  
13. Birthplace 1 TENN.  
(City, town, or county) (State or foreign country)  
14. Maiden name Viola Dyer  
15. Birthplace 1 TENN.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs James Harrison  
(b) Address Sewane, Tenn.

17. (a) Sewane (b) Date thereof 11, 29, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sewane, Tenn.

18. (a) Signature of funeral director Jas Odumel  
(b) Address Hannibal, Mo.

19. (a) 11-27-41 (b) W. C. Fisher  
(Date received local registrar) (Registar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26  
year 1941 hour 6:30 minute..... P. M.

21. I hereby certify that I attended the deceased from Nov-21-41  
..... 19..... to Nov 26..... 19 41  
that I last saw him alive on Nov 26..... 19 41  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia  
Pulsermia  
Duration 7 days  
14 days

Due to Pulsermia

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings: Of operations 26a  
Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur?..... (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? (e) Means of injury.....

23. Signature W. C. Fisher (M. D. or other) D  
Address Hannibal Mo Date signed Nov 27

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Joe D'Amico*

Licensed Embalmer No.....

*2022*

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**