

5. No. 2  
-1-4-41  
5-17-39  
PI X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 30 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

2808

State File No.....

Registration District No. 683

Primary Registration District No. 3027

Registrar's No. 3

1  
3  
25  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Macon  
(b) City or town Macon (City)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Samaritan Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 days; entered 11-29-41  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon  
(c) City or town Macon - Rural  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME

James 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. 2 divorced Widowed  
6. (b) Name of husband or wife Widower 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April - 5 - 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 8 3 hr: \_\_\_\_\_ min.

9. Birthplace Macon County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Charles Riley  
13. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Bridgett Smith  
15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant John Riley  
(b) Address Macon, Missouri

17. (a) Burial (b) Date thereof 12-10-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellview Cemetery

18. (a) Signature of funeral director Albert Skinner

(b) Address Macon, Missouri

19. (a) 1/6/42 (b) Jora B. Hunkler  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8  
year 1941 hour 8:35 minute \_\_\_\_\_ A. M.  
21. I hereby certify that I attended the deceased from Nov 29 to Dec 8 1941

that I last saw him alive on Dec 7 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Duration 9 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Nasal Hemorrhage  
(Include pregnancy within 3 months of death)

Major findings: Of operations ✓  
Of autopsy ✓ 8301

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? \_\_\_\_\_

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

23. Signature Howard Miller (M. D. or other) \_\_\_\_\_  
Address Macon Mo Date signed 12/10/41

RECEIVED

District Health Officer No. 10

District File Number 1-42-134

Date Filed JAN 27 1942

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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 Paul G. Ballew.

Licensed Embalmer No. 4206

P. O. Address Macon, Missouri

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.