

S. No. 2  
11-10-39  
5-17-39  
X21492

10 AM Friday  
State File No. 93958  
Registrar's No. 2322

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

FILED FEB 16 1942

Registration District No. 10162

Primary Registration District No. 10162

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Washington Tenn Ship  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: State Hospital No 3 Nevada  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 127m 2mo 13dys  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME WALTER Riley

3. (b) If veteran, name war UN Known 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 29th 1885  
(Month) (Day) (Year)

8. AGE: Years 56 Months 6 Days 16 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Charles L Riley  
13. Birthplace Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Lizzie Hepp  
15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant State Hospital No 3  
(b) Address Nevada, Mo

17. (a) Burial (b) Date thereof 1/14/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Hospital Chapel

18. (a) Signature of funeral director Walter G. Higgins  
(b) Address Nevada, Mo

19. (a) Jan 15-1942 (b) Allen H. Hays  
(Info received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. Unknown  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14th  
year 1942 10 hour 30 minute 0 A. M.

21. I hereby certify that I attended the deceased from Aug 24th 1939 to Jan 14th 1942  
that I last saw him alive on Jan 14th 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Bilateral

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

Other conditions mild arterio sclerosis  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy 13 p 1

Duration 3 yrs.  
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 G. S. Waraid (M. D. or other) \_\_\_\_\_  
Address Nevada, Mo Date signed 1/14/42

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

800

RECEIVED

District Health Officer No. 7

District File Number 2-42-123

Date Filed 2-13-42

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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

*Marsh E. Schinger*

Licensed Embalmer No.

*2656*

P. O. Address

*Nevada, Mo.*

**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, above space should be left blank.**