

FILED MAR 3 1942
125

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6211

State File No.

Registration District No.

Primary Registration District No. 3009

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Cape
(b) City or town Cape Girardeau
(c) Name of hospital or institution: St. Francis
(d) Length of stay: In hospital or institution 1 day
In this community 6 1/2 of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County New Madrid 72
(c) City or town New Madrid, Mo Rural
(d) Street No. 7 miles N of New Madrid
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME William Riley

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

4. Sex male 5. Color or race colored 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Riley 6. (c) Age of husband or wife if alive 10 years
7. Birth date of deceased JAN 10 1910 (Month) (Day) (Year)

8. AGE: Years 32 Months 0 Days 12 If less than one day hr. min.

9. Birthplace New Madrid mo (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business farming

12. Name Will Riley
13. Birthplace New Madrid mo (City, town, or county) (State or foreign country)
14. Maiden name Rita Johnson
15. Birthplace New Madrid mo (City, town, or county) (State or foreign country)

16. (a) Informant Rita Riley
(b) Address New Madrid Mo R. 1. Pox 57
17. (a) Burial (b) Date thereof 1-24-42 (Month) (Day) (Year)
(c) Place: burial or cremation New Madrid, mo

18. (a) Signature of funeral director F. W. Phelps
(b) Address New Madrid Mo
19. (a) Jan. 24-42 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 22 year '42 hour 1 minute 25 A. M.

21. I hereby certify that I attended the deceased from 1-21 1942 to 1-21 1942 that I last saw him alive on 1-21 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Body Burn

Due to

Due to

Other conditions 181-1 (Include pregnancy within 3 months of death)

Major findings: Of operations 15 Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) acc 072
(b) Date of occurrence 1-21-42
(c) Where did injury occur? New Madrid Mo (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) residence (e) Means of injury fire

23. Signature A. B. Smith (M. D. or other) MD
Address Cape Girardeau Date signed 1/24/42

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

RECEIVED

District Health Officer No. 4
District File Number 242-170
Date Filed 2-10-42

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.....

Leo Hildgenith

Licensed Embalmer No. 3803

P. O. Address New Madrid 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, fact should be so stated above.