

FILED APR 24 1942

State File No. ....

Registration District No. ....

Primary Registration District No. 202

Registrar's No. 15

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

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1. PLACE OF DEATH:

(a) County Andrew

(b) City or town Near Bolckow - Benton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1  
(Specify whether

In this community 80 yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

(c) City or town Near Bolckow  
(If outside city or town limits, write "RURAL")

(d) Street No. ....  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country no

3. (a) PRINT FULL NAME Rebecca Ann Riley

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 5  
year 1942 hour 5 minute 35 A.M.

21. I hereby certify that I attended the deceased from February 28, 1942 to March 5, 1942  
that I last saw her alive on February 28, 1942  
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Benjimen Riley 6. (c) Age of husband or wife if alive 18 years

7. Birth date of deceased 9 18 1861  
(Month) (Day) (Year)

Immediate cause of death Arterio Sclerosis

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

97

8. AGE: Years Months Days If less than one day

80 5 17 hr. min.

9. Birthplace Andrew County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business.....

MOTHER FATHER

12. Name Franklin Neely

13. Birthplace un known Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Nancy wyles

15. Birthplace Un known 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Andrew Riley

(b) Address Bolckow MO.

17. (a) Burial (b) Date thereof 3 7 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Neely Grove

18. (a) Signature of funeral director E. C. Breit

(b) Address Savannah Mo.

19. (a) 3/7/42 (b) J. H. Fitchman  
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings:  
Of operations.....

Of autopsy.....

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 W. Logan Wood (M. D. or other) 0  
Address Bolckow mo Date signed 3-6-42

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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.....

*E. C. Breit*

Licensed Embalmer No. *2650*

P. O. Address. *Savannah 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.**