

FILED APR 2 1942  
 Registration District No. 678

Primary Registration District No. 5904

Registrar's No.

1. PLACE OF DEATH:

(a) County Phelps co mo  
 (b) City or town St James Missouri  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 years, months or days

3. (a) PRINT FULL NAME Charles 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 wid

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
about 75 - - hr. min.

9. Birthplace Don't know 9  
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Chas. Riley  
 18. Birthplace Don't know 9  
 (City, town, or county) (State or foreign country)

14. Maiden name Don't know 9  
 15. Birthplace \_\_\_\_\_  
 (City, town, or county) (State or foreign country)

16. (a) Informant Henry Riley

(b) Address safe mo

17. (a) Rural (b) Date thereof 1-29-42  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Braunstetter cem.

18. (a) Signature of funeral director W. P. Pickler

(b) Address St James mo.

19. (a) 11/30/42 (b) Chauncey Nicholson  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 22  
 year 1942 hour 11:30 minute 5 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him alive on January 20, 1942,  
 and that death occurred on the date and hour stated above.

Immediate cause of death CARDIAC De compensation

Due to Cardio-vascular-Renal Disease

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 13/a  
 Of autopsy \_\_\_\_\_

Duration

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 1

23. Signature W. C. Callingham (M. D. or other) Do  
 Address St James mo Date signed 1-22-42

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 Thomas S. Halberk, Registered Apprentice No. 288, working under my personal supervision.

Signed Carl E. Licklier  
Licensed Embalmer No. 3546  
P. O. Address St James 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.