No. 2
9-4-4
5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

28312

State File No.

FILED SEP 1 1942

Registration District No. 1942

Primary Registration District No. 4479

Registrar's No. 68

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

1. PLACE OF DEATH:

(a) County: Schuyler

(b) City or town: Downing Twp

(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 (Specify whether years, months or days)

In this community: years

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County: 98

(c) City or town: 0

(If outside city or town limits, write "RURAL")

(d) Street No.: 0

(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: Winifred Riley

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: Dead years

7. Birth date of deceased: Oct (Month) 10 (Day) 1867 (Year)

8. AGE: Years 74 Months 7 Days 20 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: —

FATHER

12. Name: Horace Collins

13. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

MOTHER

14. Maiden name: Eliza Jackson

15. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant: Mabel Ranson

(b) Address: Jefferson City Mo.

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

(c) Place: burial or cremation: Downing

18. (a) Signature of funeral director: Loyd Moore

(b) Address: Downing Mo.

19. (a) Aug. 2 1942 (Date received local registrar) (b) A. Justice (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1942 hour 9 PM minute M.

21. I hereby certify that I attended the deceased from June 19, 1942 to June 19, 1942 that I last saw her alive on July 30, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: General Weakness

Due to: Inability to walking fractured hip and was

Due to: taken to Hospital June 19 Got. Rest there

Due to: until July 25 - 1942

Due to: Brought home

Other conditions (Include pregnancy within 3 months of death): Arthritis for years and Rheumatism

Major findings:

Of operations: Heart

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: 098

(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? At Home while Rest Garden (Specify type of place)

While at work? (e) Means of injury:

23. Signature: H. E. Ferring (M. D. or other)

Address: Downing Mo. Date signed: Aug 11 1942

1278

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-42-1693
Date Filed SEP - 8 1942

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 me, Registered Apprentice No. working under my personal supervision.

Signed Loyd Moore
Licensed Embalmer No. 3151
P. O. Address Downing Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

. S. No. 2B
DM—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28312

Registration District No. 325 Primary Registration District No. 4479 Registrar's No. 78

1. PLACE OF DEATH:

(a) County Schuyler
(b) City or town Downing
(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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town
(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 Winifred Riley

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

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec (Month) 10 (Day) 1867 (Year)

8. AGE: Years 74 Months 7 Days 20 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1942 hour 9:00 minute 00 P.M.

21. I hereby certify that I attended the deceased from June 19, 1942 to 6-19, 1942
that I last saw him alive on July 30, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death General debility following fracture of hip. Was taken to hospital June 19, 1942 and kept there until July 25, 1942, brought home

Due to

Due to

Other conditions Arthritis for years and rheumatic Heart
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 186a 18

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)~~ Accident
(b) Date of occurrence June 19, 1942
(c) Where did injury occur? Downing (City or town) Schuyler (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? At home, out in her garden (Specify type of place)
While at work? Yes (e) Means of injury Fall

23. Signature H. E. Gerwig (M.D. ~~or other~~)
Address Downing, Mo Date signed 8, 1, 42

SUPPLEMENTARY