

No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30043

FILED OCT 13 1942

Registration District No. 33

Primary Registration District No. 3011

Registrar's No.

1. PLACE OF DEATH:

(a) County. CARROLL
(b) City or town. CARROLLTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
511 West Benton
(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. Missouri (b) County. Carroll
(c) City or town. Carrollton
(If outside city or town limits, write "RURAL")
(d) Street No. 511 West Benton
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23
year 1942 hour 5⁰⁰ minute A.M.
21. I hereby certify that I attended the deceased from 9-20-42
19..... to 9-23-42 19.....
that I last saw her alive on 9-23-42 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Coronary Regurgitation
Coronary atherosclerosis
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Duration.....
PHYSICIAN.....
Underline the cause to which death should be charged statistically.

Major findings:
Of operations.....
Of autopsy.....

3. (a) PRINT FULL NAME GEORGIE-ANN 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. Jonathan Riley
6. (c) Age of husband or wife if alive decd. years
7. Birth date of deceased. June 2, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 3 21 hr. min.

9. Birthplace. Carroll Co Mo. U
(City, town, or county) (State or foreign country)

10. Usual occupation. Housewife

11. Industry or business.....

12. Name. William Broyles

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

14. Maiden name. Mary Ellen Hagyard

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

16. (a) Informant. Mrs Mary Myers

(b) Address. Belvidere Ill

7. (a) Burial (b) Date thereof Sept. 26, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Oak Hill

(a) Signature of funeral director. Willis Marshall

(b) Address. Carroll Co Mo

9-24-42 (b) Mrs James Rafferty
(Date received local registrar) (Registrar's signature)

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. [Signature] (M. D. or other)
Address. Carrollton Mo Date signed.....

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1
USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

with

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 10-9-42

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 myself

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

Signed P. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton Ind

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.