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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1943

Registration District No. 324

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3072

3647

State File No.

Registrar's No. 22

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall
(c) Name of hospital or institution: Hitegibbon Hospital
(d) Length of stay: 10 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saline
(c) City or town Marshall P.A.
(d) Street No. About 2 miles north of Marshall
(e) Citizen of foreign country? No

In this community _____ years, months or days

If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Mary 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 _____ years

7. Birth date of deceased July 25 1865

8. AGE: Years 77 Months 6 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Pacific Missouri

10. Usual occupation Housewife

11. Industry or business _____

12. Name Unknown

13. Birthplace _____

14. Maiden name Unknown

15. Birthplace _____

16. (a) Informant Sister Mary Aquinas R.S.M.

(b) Address 369 So English Marshall Mo

17. (a) Burial (b) Date thereof 1-27-43

(c) Place: burial or cremation Ridge Park

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25 year 43 hour 2 minute P M.

21. I hereby certify that I attended the deceased from Jan 1 1940 to Jan 25 1943 that I last saw h. or alive on Jan 25 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus 59

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____
(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 _____ (M. D. or other)
Address _____ Date signed 1/27/43

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

MOTHER FATHER

1210

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 2-9-43

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 Donald W. Short
Licensed Embalmer No. 3757
P. O. Address Marshall, 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.