

FILED MAR 10 1943
Registration District No. 290

Primary Registration District No. 5984

Registrar's No. 32

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

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Swedenborg
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lutheran Hosp
(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) 3 DAYS

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski

(c) City or town Swedenborg Mo.
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Anna May Riley (Baby)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12 year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Feb. 9 1943 to Feb. 12 1943 that I last saw her alive on Feb. 12 1943 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W

6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased FEB 9 1943
(Month) (Day) (Year)

Immediate cause of death Congenital Malformation (Majestrant)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

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

3 hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name HARLIN LESLIE RILEY

13. Birthplace GREEN CO MO
(City, town, or county) (State or foreign country)

14. Maiden name CORA EMACEAN YORK

15. Birthplace PULASKI CO MO
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant FATHER

(b) Address SWEDEBORG MO

17. (a) BURIAL (b) Date thereof FEB 13 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST JOHN CEMETERY

18. (a) Signature of funeral director J. Hoops & Sons

(b) Address CROCKER MO

19. (a) Feb. 17-1943 (b) Common
(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 R. Dewitt (M. D. or other) DO

Address Waynesville Mo Date signed 2-12-43

RECEIVED

Pulaski County Health Officer

File Number 3-23-12

Date Filed 3-9-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.