

FILED MAY 7 1943  
Registration District No. \_\_\_\_\_

Primary Registration District No. 5392

Registrar's No. 116

1. PLACE OF DEATH:  
(a) County Dent  
(b) City or town Watkins, typ Rural  
(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) about 15 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Dent  
(c) City or town Rural  
(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 Anna M Riley  
3. (b) If veteran, name war \_\_\_\_\_ X  
3. (c) Social Security No. \_\_\_\_\_ X

4. Sex female 5. Color or race W  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife John R. Riley  
6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased: \_\_\_\_\_ (Month) (Day) (Year)

8. AGE: 69 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

12. Name George Smith

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

14. Maiden name Martha Ellen Tinsley

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

16. (a) Informant \_\_\_\_\_

(b) Address Salem Mo

17. (a) Burial (Burial, cremation, or removal) \_\_\_\_\_ (b) Date thereof 4/24/43  
(Month) (Day) (Year) Wofford Cem

18. (a) Signature of funeral director W. J. Dillan  
(b) Address Salem Mo

19. (a) 4-23-43 (Date received local registrar) (b) W. J. Dillan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22  
year 1943 hour 3 minute 00 8AM

21. I hereby certify that I attended the deceased from April 1943 to April 22, 1943  
that I last saw her alive on April 21, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Breast

Due to Bruise

Other conditions (Include pregnancy within 3 months of death) 50

Major findings:  
Of operations \_\_\_\_\_  
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 \_\_\_\_\_

23. Signature W. J. Dillan (M. D. or other) \_\_\_\_\_  
Address Salem Mo Date signed 4-22-43

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

5-42  
17-39  
X32873

1300

RECEIVED

District Health Officer No. 5  
District File Number 343296  
Date Filed 3-3-42

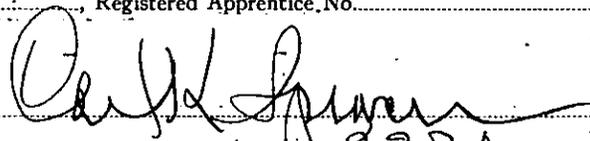
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 9370

P. O. Address.....

Salem Me.

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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 100

Primary Registration District No. 292

Registrar's No. ....

1. PLACE OF DEATH

- (a) County De Witt
- (b) City or town Waltham Sup. Church
- (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

In this community 10 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Anna M. 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

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

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

8. AGE: Years 69 Months          Days          (If less than one day, in min.)

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

10. Usual occupation

11. Industry or business

12. Name

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

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)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April year 1948 hour          minute          M.

21. I hereby certify that I attended the deceased from          19         to          19        ;

that I last saw him          alive on          19        ; and that death occurred on the date and hour stated above.

Immediate cause of death         

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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

23. Signature (M. D. or other)

Address Date signed

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

MOTHER FATHER

SUPPLEMENTARY

5-14168