

FILED DEC 6 1943

Registration District No. 175

Primary Registration District No. 5290

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Kearney Rural
(c) Name of hospital or institution: 1
(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 Clay
(c) City or town Kearney Rural
(d) Street No. _____
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ralph Riley

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

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Nannie Riley 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Sept 15 1890

8. AGE: Years 53 Months 1 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____
12. Name Lewis Riley
13. Birthplace Clay Co. Missouri
14. Maiden name Belle Smith
15. Birthplace Clay Missouri

16. (a) Informant Edwin Riley
(b) Address Kearney Mo
17. (a) Burial (b) Date thereof Nov 13 1943
(c) Place: burial or cremation Kearney
18. (a) Signature of funeral director Leonard Fry
(b) Address Kearney Mo
19. (a) Nov 12 43 (b) Heleen Early

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11 year 1943 hour 10:00 minute 2 M.

21. I hereby certify that I attended the deceased from _____ to _____ that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Suicide by Hanging

Due to _____
Due to _____

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

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) Suicide
(b) Date of occurrence 11-11-43 10:00 a.m.
(c) Where did injury occur? 3/2 mi NE Kearney Mo.
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home on Farm
While at work? yes (Specify type of place) (c) Means of injury _____
23. Signature Rev. Grather Cooney (M. D. or other) _____
Address Yardley Springs Mo Date signed 11-12-43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

Case File Number

Date Filed

12-3-43

Y-1177 4/10/81

SEP 6 1943

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 Leonard Gray

Licensed Embalmer No. 1677

P. O. Address Kearney 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.