

Registration District No. 141

Primary Registration District No. 5554

Registrar's No. 1

46  
00

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

1. PLACE OF DEATH:  
(a) County Howell  
(b) City or town Pottersville Spring Creek Twp.  
(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)  
In this community 46 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Howell  
(c) City or town Pottersville (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 Phillip J. Riley  
3. (b) If veteran, name war --  
3. (c) Social Security No. --

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 26  
year 1943 hour 4 minute 50 P.M.  
21. I hereby certify that I attended the deceased from Dec-26  
Dec-26-43 19. 43 to Dec 26 19. 43

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Sulfa E. Riley  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 2 1856  
(Month) (Day) (Year)

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

8. AGE: Years 87 Months 8 Days 24  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Chronic Myocarditis  
Senility

9. Birthplace St. Charles County Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Retired Farmer

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 93d

11. Industry or business \_\_\_\_\_  
12. Name Thomas Riley  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Julia Cannon  
15. Birthplace Unknown  
(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 Mrs. John Summers  
(b) Address Pottersville, Mo.  
17. (a) Burial (b) Date thereof 1-4-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New Liberty Cem.

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? \_\_\_\_\_

18. (a) Signature of funeral director Ed Carr  
(b) Address Thayer, Mo.  
19. (a) 1-5-44 (b) Paul Sailer  
(Date received local registrar) (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature W. H. Hogan  
Address W. H. Hogan

1125

W. H. Hogan

RECEIVED

District Health Officer No. 5,

District File Number 244128

Date Filed 5.7.44

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. 2852

working under my personal supervision.

Signed Leo Carr

Licensed Embalmer No. 2852

P. O. Address Trayer 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.