

X32873

FILED MAR 6 1944

Primary Registration District No. **3817**

Registrar's No. **25**

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

1. PLACE OF DEATH:

(a) County **Cooper**

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

(c) Name of hospital or institution:
On Bus. (Greyhound) in transit to home 3
(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 **Saline 97**

(c) City or town **Waverly**
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Mrs. Mary F. Riley.**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **3rd**
year **1944** hour **4** minute **P.** M.

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Judd Riley.** 6. (c) Age of husband or wife if alive **Disceased** years

7. Birth date of deceased **April 25th 1860**
(Month) (Day) (Year)

that I last saw h.e.y. alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death:
Hypertensive Heart Disease with Cardiac

Due to _____

Due to **93d**

Other conditions (Include pregnancy within 3 months of death):
By order of Coroner

8. AGE: Years **83** Months **9** Days **8** If less than one day _____ hr. _____ min.

9. Birthplace **Clinton County, Kentucky. /**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife.**

11. Industry or business **At Home.**

Major findings: Of operations _____

Of autopsy **autopsy by Dr. J. V. Beckins of Cancer Hospital Columbia Mo**

22. If death was due to external causes, fill in the following:

MOTHER FATHER

12. Name **?? Marshall.**

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

14. Maiden name **?? Coleman. /**

15. Birthplace **Kentucky. /**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. L. O. Feagon.**

(b) Address **Malta Bend, Mo.**

17. (a) **Burial** (b) Date thereof **Feb. 4th /44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Waverly, Mo.**

(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 **James P. Smith** (M., or other) **Coroner**

Address **913 7th St Boonville Mo** Date signed **2-7-44**

18. (a) Signature of funeral director **Goodman & Bolter**

(b) Address **Boonville, Mo.**

19. (a) **Feb. 7-44** (b) **Dr. Chas. Swap.**
(Date received local registrar) (Registrar's signature)

1088

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

3-1-44

APR 12 1944

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
Removed to Campbell & Lewis, Marshall, Mo. Embalmed &
working under my personal supervision.

Signed

R. W. Campbell Jr.

Licensed Embalmer No.

3469

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.