

S. No. 2
M-8-43
v. 5-17-39
No 1 X37623

37647

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 24 1944

Registration District No. 7894

Primary Registration District No. 2402

Registrar's No. 89

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

1. PLACE OF DEATH:
(a) County Douglas
(b) City or town Brushy Knob - Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mc Murtry Inf
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Douglas
(c) City or town BRUSHY KNOB
(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 No

3. (a) PRINT FULL NAME Affie Mary Riley
3. (b) If veteran, name war No
3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 18
year 1944 hour 9:00 minute P. M.
21. I hereby certify that I attended the deceased from Sept 16
1944 to Sept 18, 1944
that I last saw her alive on Sept 12
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Leander E. Riley
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 31, 1876
(Month) (Day) (Year)

Immediate cause of death Asphyxiation
of Brain
Due to _____
Due to Asphyxiation

8. AGE: Years 68 Months 2 Days 15
If less than one day hr. _____ min. _____

Other conditions (Include pregnancy within 3 months of death)
830'
Major findings:
Of operations _____
Of autopsy _____

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

10. Usual occupation Housewife
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)

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 _____

16. (a) Informant Ch. Vin Riley
(b) Address Mtn. Grove, Mo.
17. (a) BURIAL (b) Date thereof 9/19/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Brushy Knob
18. (a) Signature of funeral director E. Barber
(b) Address Mtn. Grove
19. (a) 11-1-1944 (b) Lula Spurlock
(Date received local registrar) (Registrar's signature)

23. Signature L. J. [unclear] (M. D. or other) 12/29
Address 1200 Wood St. Date signed 9/4/44

(Licensed Embalmer's Statement on Reverse Side)

PHYSICIAN
Underline the cause to which death should be charged statistically.

400

RECEIVED

District Health Officer No. 6,

District No. 1144-1214

Date Filed NOV 21 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.....

Not Embalmed

....., 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, fact should be so stated above.