

Registration District No. 326

Primary Registration District No. 4482

1. PLACE OF DEATH:

(a) County Scotland
(b) City or town Memphis
(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 1
In this community Entire Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scotland
(c) City or town Memphis 99
(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 Sarah Elizabeth Riney

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29
year 1944 hour 9 minute 2 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Douglas T. Riney 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Jan 20 1898
(Month) (Day) (Year)

Immediate cause of death General Senility Complicated by Coronary
Due to malnutrition

8. AGE: Years 96 Months 10 Days 6 If less than one day hr. _____ min. _____

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

10. Usual occupation House wife

Other conditions (Include pregnancy within 3 months of death) 162

11. INDUSTRY OR BUSINESS

12. Name Carl Webb

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

14. Maiden name Elizabeth Boyard

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

16. (a) Informant Annice Howard
(b) Address Memphis Mo

17. (a) Burial (b) Date thereof Dec 1-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richland Cemetery

18. (a) Signature of funeral director Gertrude Backett

(b) Address Memphis Mo

19. (a) 12/4/1944 (b) Bernice Nelson
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy _____

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? _____

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature B. Baker (M. D. or other) _____

Address Memphis Mo Date signed 12/1/44

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

MOTHER FATHER

RECEIVED
District Health Officer No. 10
District File Number 12-44-2224
Date Filed DEC 14 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed: Fred Lertz

Licensed Embalmer No. 4256

P. O. Address Memphis 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.