

FILED MAY 9 1945
DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED MAY 19 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13086

Registration District No. 57 Primary Registration District No. 4085 Registrar's No. 9

1. PLACE OF DEATH:
(a) County Carroll
(b) City or town Hale
(c) Name of hospital or institution: Home in Hale, Missouri.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. two weeks.
In this community 9 years.
years, months or days

3. (a) PRINT FULL NAME Denver Ernest Riley Jr.
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, Child.
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive, _____ years
7. Birth date of deceased October 20th, 1936
(Month) (Day) (Year)

8. AGE: Years 8 Months 6 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Hale, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation child

11. Industry or business _____

MOTHER FATHER { 12. Name Denver Ernest Riley,
13. Birthplace Hale, Mo.
14. Maiden name Gussie Stephens,
15. Birthplace Hale, Mo. Dallas Co., Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Gussie Riley
(b) Address Hale, Mo.

17. (a) Burial. (b) Date thereof 4/22/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Arkadelphia Cem. Avalon, Mo.

18. (a) Signature of funeral director Clifford W. Austin,
(b) Address Tina, Missouri.

19. (a) 4-22-45 (b) Mrs Edgar Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County Carroll
(c) City or town Tina.
(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 XXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 21st
year 1945 hour 11: minute A.M.

21. I hereby certify that I attended the deceased from April 20 1945 to April 21 1945
that I last saw him alive on April 21 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Primary Broncho pneumonia
Due to _____

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

Major findings: Of operations 109
Of autopsy _____
PHYSICIAN _____

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 _____
23. Signature Dr Alvin A. White (M. D. or other) DO
Address Hale, Mo. Date signed 4-23-45

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

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.....

Clyford W. Austin

.....
Licensed Embalmer No.....

3233

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.