

FILED JUL 14 1945

Registration District No. \_\_\_\_\_

Primary Registration District No. 3023

Registrar's No. 137

1. PLACE OF DEATH: Henry

(a) County Henry

(b) City or town Rural "Tebo Township"  
(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 4 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 12

(c) City or town Rural, "Tebo Township"  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Thomas Riley

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married. 2 divorced W

6. (b) Name of husband or wife Sarah Waldron 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased February 15, 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

61	3	24	hr. _____ min.
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9. Birthplace Hale, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Rt. Farmer

11. Industry or business Farming

12. Name William Leslie Riley

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

14. Maiden name Nancy A. France

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

16. (a) Informant Harold Riley  
(b) Address Calhoun, Missouri

17. (a) burial (b) Date thereof June 9, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calhoun, MO.

18. (a) Signature of funeral director Huston-Turner  
(b) Address July 9 Windsor, Mo.

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8th  
year 1945 hour 3 minute 0 a.m.

21. I hereby certify that I attended the deceased from 19.4.45  
\_\_\_\_\_ 19 \_\_\_\_\_ to June 8, 1945  
that I last saw \_\_\_\_\_ alive on May 8, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis Duration \_\_\_\_\_

Due to Symptomatic Leukemia

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

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) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

While at work? \_\_\_\_\_

23. Signature Ben J. \_\_\_\_\_ (City or town) (State or other) \_\_\_\_\_  
Address Calhoun, Mo. Date signed 6/22/45

1391

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

12  
6  
0

RECEIVED  
District Health Officer No. 7,  
District File Number 6-45-173  
Date Filed 7-12-42

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 *W. M. Huston*  
Licensed Embalmer No. 3391  
P. O. Address *Windsor, 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.