S. No. 2
M—8-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 20 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31291

Registration District No. 6294 Primary Registration District No. 6011 Registrar's No. 157

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Rural - Union Twp.
(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 years, months or days)
In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Monroe 89
(c) City or town Madison R R 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Emma Lee Riley
3. (b) If veteran, name war /
3. (c) Social Security No. /
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Emmett Riley
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased 4 (Month) 30 (Day) 1903 (Year)

8. AGE: Years 42 Months 3 Days 17 If less than one day hr. min.

9. Birthplace Monroe Co (City, town, or county) Missouri (State or foreign country)
10. Usual occupation at home
11. Industry or business at home
MOTHER FATHER
12. Name Joel Smiley
13. Birthplace Monroe Co (City, town, or county) Mo (State or foreign country)
14. Maiden name Kate White
15. Birthplace Monroe Co (City, town, or county) Mo (State or foreign country)
16. (a) Informant Emmett Riley
(b) Address Madison Mo R.R.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-19-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Madison Cemetery
18. (a) Signature of funeral director Fred A. Thompson
(b) Address Madison Mo
19. (a) 8-19-45 (Date received local registrar) (b) Orma Lane (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17 year 1945 hour 11 minute P M.
21. I hereby certify that I attended the deceased from May 9, 1936, to Aug 17, 1945; that I last saw her alive on Aug 17, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	5 hrs.
Due to: Essential hypertension	9 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: JBW	
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)
While at work? (e) Means of injury

23. Signature G R Gurnee (M. D. or other) D.O.
Address Madison Mo Date signed 8-18-45

1066 (Licensed Embalmer's Statement on Reverse Side)

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

MAY 19 1958

RECEIVED
District Health Officer No. 10
District File Number 9-45-1398
Date Filed SEP 17 1945

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 Mrs Fred U. Thompson

Licensed Embalmer No. 3782

P. O. Address Madison, 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.