

FILED APR 15 1946

Registration District No. 132

Primary Registration District No. 5490

1. PLACE OF DEATH:

(a) County Harrison
(b) City or town New Hampton Rural White Oak Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Entire life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison 41
(c) City or town New Hampton Rural
(If outside city or town limits, write "RURAL")
(d) Street No. one 1/2 mile North of New Hampton
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 7
year 1946 hour 4 minute 40 P.M.

21. I hereby certify that I attended the deceased from
Jan 1946 to Feb 26 1946
that I last saw him alive on Feb 26 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Chronic Nephritis
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature R. L. Gray (M. D. or other) DO.
Address New Hampton MO Date signed 3-7-46

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife William Riley 6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased Dec 11 1866
(Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 26 . If less than one day _____ hr. _____ min.

9. Birthplace Harrison County MO
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name Jacob Blessing
13. Birthplace Johnson County MO
(City, town, or county) (State or foreign country)
14. Maiden name Lutera Barger
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Rosa Riley

(b) Address New Hampton MO

17. (a) Burial (b) Date thereof Mar 9 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Foster

18. (a) Signature of funeral director W. H. Noble

(b) Address New Hampton

19. (a) Mar 30-46 (b) Zola Burris
(Date received local registrar) (Registrar's signature)

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

0020

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 ML

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

Signed W G Noble

Licensed Embalmer No. 2904

P. O. Address New Hampton 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.