

No. 2
A-5-43
5-17-39
I X36671

FILED APR 22 1946
398

State File No.
Registrar's No. 36

Registration District No. Primary Registration District No. 4427

1. PLACE OF DEATH:

(a) County Polaski

(b) City or town Waynesville, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Waynesville General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether)

In this community 3 weeks
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Jefferson 999

(c) City or town Mount Vernon 11
(If outside city or town limits, write "RURAL")

(d) Street No. 1035 South 17 st 0
(If rural, give location) 2

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

If yes, name country

3. (a) PRINT FULL NAME James Olan Risley

3. (b) If veteran, name war World War II 3. (c) Social Security No.

4. Sex Male 5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Sybil Risley 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Nov 9 1931
(Month) (Day) (Year)

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

25 hr. min.

9. Birthplace Sesser Illinois 1
(City, town, or county) (State or foreign country)

10. Usual occupation TRUCK DRIVER

11. Industry or business

MOTHER FATHER { 12. Name Wagon Risley

13. Birthplace Franklin Illinois 1
(City, town, or county) (State or foreign country)

14. Maiden name MARY Mendenhall

15. Birthplace Franklin Illinois 1
(City, town, or county) (State or foreign country)

16. (a) Informant Ray Risley

(b) Address 1035 17th St Mt. Vernon, Ill.

17. (a) Burial (b) Date thereof 4-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Vernon - Illinois

18. (a) Signature of funeral director Fred Helbert

(b) Address 1111 N. Main

19. (a) 4-19-46 (b) James B. McClinton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 17 day 17
year 1946 hour 12 minute 05 P.M.

21. I hereby certify that I attended the deceased from N. April
1946 to date, 19 46

that I last saw him alive on 17 - April, 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death Burns - 2nd° covering 2/3 body surface 4 days

Due to

Due to

Other conditions none
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations

Of autopsy

Underline the cause to which death should be charged statistically:

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence Sunday - 17 April - 46

(c) Where did injury occur? Missouri - Polaski - Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home - apartment
(Specify type of place)

While at work (e) Means of injury Stove

23. Signature E. O. Helbert (M.D. or other) 17 - April 1946
Address Polaski Mo Date signed

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

JUN 3 1947

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.....

April 17-46..... Registered Apprentice No.....
working under my personal supervision.

Signed..... *Fred N. Gilbert*.....

Licensed Embalmer No. *2341*.....

P. O. Address *Sixon 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. may
Registrar's No. 368Registration District No. 290 Primary Registration District No. 4427

1. PLACE OF DEATH:

(a) County..... Pulaski
(b) City or town..... Waynesville
(c) Name of hospital or institution:
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether

In this community.....
years, months or days)

3. (a) PRINT FULL NAME

James O. Risley
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 m

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive.....

7. Birth date of deceased.....
(Month) (Day) (Year)8. AGE: Years 24 Months _____ Days _____ If less than one day, hr. _____ min. _____9. Birthplace.....
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

17. (a) Burial (b) Date thereof 4-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mt. Vernon - Illinois18. (a) Signature of funeral director Fred Gilbert(b) Address Dixon mo19. (a) 4-19-46 (b) Lawrence A. McClintock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....

(c) City or town.....
(If outside city or town limits, write "RURAL")(d) Street No.....
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 17
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____;

that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)Major findings:
Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(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..... (M. D. or other)

Address..... Date signed.....

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

13037

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

OCT 22 1946

14134

JUN 3 1947