

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32846

Registration District No. 42 Primary Registration District No. 5123 Registrar's No. 1129

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

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town Agency (Agency township)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Rupp Ambulance in route to hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no (Specify whether)  
In this community Lifetime (Specify whether)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Buchanan //  
(c) City or town Agency (If outside city or town limits, write "RURAL")  
(d) Street No. General Delivery (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JAMES C. RILEY  
3. (b) If veteran, name war none  
3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct. day 3,  
year 1946 hour 4 minute 30 P.M.  
21. I hereby certify that I attended the deceased from  
Oct 3d 46 viewed  
19\_\_ to 19\_\_  
that I last saw h. alive on 19\_\_  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Betty 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 23, 1855  
(Month) (Day) (Year)

Immediate cause of death Arteriosclerosis Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: 97  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day  
91 6 10 hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business None

12. Name Unknown 9

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

14. Maiden name " 4

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

16. (a) Informant Ernest Riley (son)

(b) Address St. Joseph, Mo.

17. (a) Burial (b) Date thereof 10/3/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Agency, Missouri

18. (a) Signature of funeral director John C. Rupp  
(b) Address 6054 Fair Ave, City

19. (a) Oct-9, 1946 (b) A. Rescinski  
(Date received local registrar) (Registrar's signature)

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? 3  
While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury Coroner  
23. Signature B.W. Tadlock (M. D. or other) \_\_\_\_\_  
Address King Hill Bldg Date signed 10/4/46

MOTHER FATHER

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(Licensed Embalmer's Statement on Reverse Side)

St. Joseph, Mo. 10/3/46

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**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.....

Licensed Embalmer No. *3986*

P. O. Address *St Joseph, 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.**