

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 10 1947
42

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4100-
State File No. _____
Registrar's No. 272

Registration District No. _____ Primary Registration District No. 5129

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town Agency Rural
(c) Name of hospital or institution: Phatte Twpshp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Entire life / (Specify whether years, months or days)

3. (a) PRINT FULL NAME Benjamin F. Riley
3. (b) If veteran, name war. X
3. (c) Social Security No. X

4. Sex M O 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Suela Riley
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Jan 9 1874 (Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 17 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER
12. Name William Riley
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Mary Ann Sells
15. Birthplace _____ Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Suela Riley
(b) Address Agency Mo

17. (a) Burial (burial, cremation, or removal) No. 6. Cem.
(b) Date thereof Feb 28 1947 (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director H. B. Sullins
(b) Address G. O. W. E. T. Mo

19. (a) 2-28-47 (Date received local registrar)
(b) H. B. Jenkins (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26 year 1947 hour 10:00 AM
21. I hereby certify that I attended the deceased from June 1946 to Feb 24 1947 that I last saw him alive on 2-27-1947 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy OBE
Duration _____
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 John C. Stearns (M. D. or other) M.D.
Address Bowler, Mo Date signed 2-27-47

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

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.....

E. A. Sullins

Licensed Embalmer No.....

1734

P. O. Address.....

Gower 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.