

FILED JUN 2 1947
Registration District No. **169**

Primary Registration District No. **4258**

Registrar's No. **130**

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

1. PLACE OF DEATH:
(a) County **Franklin, Mo.**
(b) City or town **Edina, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Johnson's**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 days**
(Specify whether
In this community **Entire Life** years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Franklin** **52**
(c) City or town **Edina, Mo.** **1**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. **0**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No) **0**
If yes, name country

3. (a) PRINT FULL NAME **Rose M. Riley**
3. (b) If veteran, name war **✓**
3. (c) Social Security No. **✓**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **17**
year **1947** hour **5** minute **15** M.
21. I hereby certify that I attended the deceased from **Apr 21 12**
1947 to **Apr 17** **1947**
that I last saw **h.w.** alive on **Apr 17** **1947**
and that death occurred on the date and hour stated above.

4. Sex **P.** **5. Color or race** **Wh.**
6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years **1861**

Immediate cause of death **Apoplexy** **4 days**
Due to **Hypertension**
Due to **Hypertension**
Other conditions (Include pregnancy within 3 months of death)
Major findings: **83A**
Of operations
Of autopsy

7. Birth date of deceased: **3 - 1 - 1861**
(Month) (Day) (Year)
8. AGE: Years **86** Months **1** Days **16** If less than one day hr. min.
9. Birthplace: **Franklin County, Mo.**
(City, town, or county) (State or foreign country)
10. Usual occupation: **Housekeeping**

11. Industry or business
12. Name **Geo. Baker**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Therese Stauffer**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **R. M. Riley**
(b) Address **Edina, Mo.**
17. (a) Burial, cremation, or removal **Edina, Mo.**
(b) Date thereof **4-19-1947**
(Month) (Day) (Year)
(c) Place: burial or cremation **New Catholic Cemetery**
18. (a) Signature of funeral director **R. M. Riley**
(b) Address **Edina, Mo.**
19. (a) Date received local registrar **Apr 16 1947**
(b) Registrar's signature **Neil S. Nunn**

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 **2**
23. Signature **R. M. Riley** (M. D. or other)
Address **Edina, Mo.** **Date signed** **4-19-47**

RECEIVED
District Health Officer No. 10
District File Number 547904
Date Filed MAY 28 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.....

Richard B. Kelly..... Registered Apprentice No. *467*
working under my personal supervision.

Signed.....
Richard B. Kelly

Licensed Embalmer No. *3754*

P. O. Address.....
Sturdeant Va.

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.