

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

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Liberal RR.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 23 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

(c) City or town Liberal, 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 _____

3. (a) PRINT FULL NAME James Monroe Riley

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 MAR

6. (b) Name of husband or wife Arrilla May

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased 10 6 1888
(Month) (Day) (Year)

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

58 7 26 hr. _____ min.

9. Birthplace Hiowa Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Milo Riley

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

14. Maiden name Ellen Kelly

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

16. (a) Informant Mr. Burton E. Riley

(b) Address Liberal, Mo.

17. (a) (Burial, cremation, or removal) _____ (b) Date thereof 6 5 47
(Month) (Day) (Year)

(c) Place: burial or cremation Mulberry, Kans.

18. (a) Signature of funeral director J. M. Berkeley

(b) Address Mulberry, Kans.

19. (a) June 14 47 (b) Antoine Klum
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2nd
year 1947 hour 7 minute 5 A.M.

21. I hereby certify that I attended the deceased from Sept 1944
Oct 20 1946, to Also June 2, 1947
that I last saw him alive on June 2, 1947
and that death occurred on the date and hour stated above. 2 AM Duration

Immediate cause of death. Coronary infarction 5 hrs.

Due to Coronary Thrombosis 1 yr.

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations A 4 X

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 W. H. Kneeland (M. D. or other) DO

Address Liberal, Mo. Date signed 6-9-47

NOV 23 1951

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 *J M Berkey*
Licensed Embalmer No. *2336*
P. O. Address *Mulberry, Kans.*

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.