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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 24 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44751**
Registrar's No. **14**

Registration District No. **224**

Primary Registration District No. **4337**

1. PLACE OF DEATH:

(a) County **Monroe**
(b) City or town **Madison**
(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 **1** (Specify whether)
In this community **Life** (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Monroe** **69**
(c) City or town **Madison** **0**
(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 **0**

3. (a) PRINT FULL NAME **Royd Baker Riley**

3. (b) If veteran, name war **none**
3. (c) Social Security No. **486-141263**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Royal Catherine Clark**
6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased: **8 1895**
(Month) (Day) (Year)

8. AGE: Years **72** Months **5** Days **24**
If less than one day hr. min.

9. Birthplace **Monroe, Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Labor**

MOTHER FATHER { 12. Name **Mark Riley**
13. Birthplace **Mo**
14. Maiden name **Rosemie** (State or foreign country)
15. Birthplace **Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Royd Riley**
(b) Address **Madison, Mo**

17. (a) **burial** (b) Date thereof **11-4-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Green Hill, Mo**

18. (a) Signature of funeral director **Fred A. Thompson**
(b) Address **Madison, Mo**

19. (a) **Mar 20 1948** (b) **Blue Little**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **2**
year **1947** hour **1** minute **15** P.M.

21. I hereby certify that I attended the deceased from **June** 19**45** to **Nov 2** 19**47**
that I last saw him alive on **Nov 2** 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of the prostate** **2 yrs.**
Duration

Due to:
Due to:

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

Major findings:
Of operations:
Of autopsy: **51B**

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?

(Specify type of place) While at work? (e) Means of injury **2**
23. Signature **JR Gurney** (M. D. or D.O.)
Address **Madison Mo** Date signed **11-7-47**

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

RECEIVED
District Health Officer No. 10
District File Number 3-48-248
Date Filed MAR 22 1948

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 Mrs. Sue A. Thompson
Licensed Embalmer No. 3282
P. O. Address

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.