No. 2
1/47
17-39

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

FE... SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3800

FILED FEB 3 1948

Registration District No. 2747

Primary Registration District No. 4547

Registrar's No. 3

1. PLACE OF DEATH:
(a) County Worth
(b) City or town Grant City Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 35 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 2522½ Lafayette Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Martin Bernard Riley
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Audrey L.
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased March (Month) 17 (Day) 1910 (Year)

8. AGE: Years	Months	Days	If less than one day
37	10	3	hr. min.

9. Birthplace Phillips South Dakota
(City, town, or county) (State or foreign country)
10. Usual occupation Schult Salesman Bis
11. Industry or business Schultz-Burch Biscuit Co.

MOTHER FATHER
12. Name Robert Riley
13. Birthplace Comcepton Jct. Mo. O
(City, town, or county) (State or foreign country)
14. Maiden name Marcella Dyer
15. Birthplace Maryville Mo. O
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Audrey L. Riley
(b) Address 2522 Lafayette St. Joseph Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 23 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery
18. (a) Signature of funeral director Herman W. Siebenfaden
(b) Address St. Joseph Missouri
19. (a) Jan 22 48 (Date received local registrar) (b) Peter C. Duncan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20th
year 1948 hour 1 minute 10 P.M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Skull fracture	
Due to car wreck-in truck, no other car involved	
Due to No witness to wreck.	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident 113
(b) Date of occurrence Jan 20, 1948
Where did injury occur? Grant City Worth Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway, Mo. #46
(Specify type of place)
While at work? (e) Means of injury
23. Signature Glenn C. Dunlee coroner 3
(M. D. or other)
Address Grant City Mo. Date signed 1-21-48

non-collision

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

FEB 6 1948

FEB 5 1948

DISTRICT HEALTH OFFICE
Cameron, Mo.

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..... Jack C. Dunlee

Licensed Embalmer No. 3252

P. O. Address..... Grant City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.