

FILED MAR 1 1948

Registration District No.

Primary Registration District No.

5299

Registrar's No.

94

## 1. PLACE OF DEATH:

(a) County CLINTON  
 (b) City or town Rural - Rathrop township  
 (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 50 years -  
 years, months or days

3. (a) PRINT FULL NAME JAMES WILLIAM 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 Della  
 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Dec 22 1861  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>1</u>	<u>25</u>	hr. min.

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

10. Usual occupation farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name John Riley  
 13. Birthplace Kentucky  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Unknown Upchurch  
 15. Birthplace Unknown Kentucky  
 (City, town, or county) (State or foreign country)

16. (a) Informant Ralph E. Riley

(b) Address Cameron, Mo.

17. (a) Burial (b) Date thereof Feb. 20, 1948  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Enter Cameron

18. (a) Signature of funeral director John J. Brown

(b) Address 1111 N. 1st St. St. Louis, Mo.

19. (a) 2-20-48 (b) Winifred W. Moser  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton 25  
 (c) City or town Rural - Rathrop  
 (If outside city or town limits, write "RURAL")

(d) Street No. 8 mi. S.E. Cameron, Mo.  
 (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 16  
 year 1948 hour 9:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 10-7- 1947 to 2-16- 1948;  
 that I last saw him alive on 2-12- 1948;  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Coronary Occlusion ?

Due to Arteriosclerosis, generalized Chronic Myocardial?

Due to degeneration.

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy 930

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)

Means of injury 2

23. Signature W. H. Ryan (M. D. or other) \_\_\_\_\_

Address Cameron, Mo. Date signed 2-18-48

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 Harold L. Walker, Registered Apprentice No. 21 working under my personal supervision.

Signed [Signature]

Licensed Embalmer No. 3933

P. O. Address Mapleville, 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.