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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 1 1948

Registration District No. 251

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5635

Primary Registration District No. 3048

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Nodaway

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

(c) Name of hospital or institution:
St. Francis Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 hours (Specify whether years, months or days)
In this community 20 years

14
1
2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74

(c) City or town Maryville 1
(If outside city or town limits, write "RURAL")

(d) Street No. 418 West Second 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME FRANK RILEY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced S 0

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 11 (Day) 1867 (Year)

8. AGE: Years 80 | Months 8 | Days 5 | If less than one day hr. min.

9. Birthplace Nodaway Co. (City, town, or county) Missouri 6 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Thomas Riley
13. Birthplace Ireland 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rose Riley
15. Birthplace Ireland 4 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret Dougan
(b) Address Maryville, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/18/48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Columbia

18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville, Missouri

19. (a) 2-21-48 (Date received local registrar) (b) Bess Holt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16th year 1948 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from Jan 10th, 1948 to Feb, 1948 that I last saw him alive on Feb 15th, 1948 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Congestive heart failure

Due to Chronic myocarditis

Due to Arteriosclerosis

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

Major findings:
Of operations no operations

Of autopsy no 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? (Specify type of place) 0

While at work? (e) Means of injury

23. Signature L. E. Dean (M. D. or other) MD

Address Maryville Mo Date signed 2-16-48

(Licensed Embalmer's Statement on Reverse Side)

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 John W. Price

Licensed Embalmer No. 4281

P. O. Address Maryville 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.