U. S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 14 1948

Registration District No. 1

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7679

Primary Registration District No. 3000

Registrar's No. 110

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

1 3 3

1. PLACE OF DEATH:

(a) County: Adair

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

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

(d) Length of stay: In hospital or institution: 7 da. (Specify whether years, months or days)

In this community: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Sullivan

(c) City or town: Green City (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: Thomas Fletcher Riley

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: male

5. Color or race: w

6. (a) Single, widowed, married, divorced: m.

6. (b) Name of husband or wife: Hazel Riley

6. (c) Age of husband or wife if alive: 54 years

7. Birth date of deceased: 2 (Month) 28 (Day) 1892 (Year)

8. AGE: Years 56 Months 8 Days 0 If less than one day: hr. min.

9. Birthplace: Sullivan Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

FATHER 12. Name: Geo Washinton Riley

FATHER 13. Birthplace: Sullivan (City, town, or county) Mo. (State or foreign country)

MOTHER 14. Maiden name: Florence ~~Riley~~ Dugley

MOTHER 15. Birthplace: Sullivan (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: Hazel Riley

(b) Address: Green City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3 30 1948 (Month) (Day) (Year)

(c) Place: burial or cremation: Green City Cem.

18. (a) Signature of funeral director: Glenn E. Kent & Son

(b) Address: Green City Mo

19. (a) 4-7-48 (Date received local registrar) (b) Nate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 28 year 1948 hour six minute 10 A.M.

21. I hereby certify that I attended the deceased from March 20 1948 to March 28 1948 that I last saw him alive on March 28 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia — Duration

Due to:

Due to:

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

Major findings:
Of operations: —
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? (Specify type of place)

While at work? — (e) Means of injury: —

23. Signature: J. T. Rhoads (M. D. or other) D.O.

Address: Kirksville, Mo Date signed: 3-30-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-48-680
Date Filed APR 12 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 Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Greenberry 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.