

FILED AUG 19 1948

Registration District No. 192

Primary Registration District No. 4269

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Lafayette  
(b) City or town Cordele  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: 2 1/2 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Elgria Faithie Rkise  
3. (b) If veteran, name war: 1 3. (c) Social Security No. 1

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Chas. Rkise 6. (c) Age of husband or wife if alive 18 years (Month) (Day) (Year)  
7. Birth date of deceased 6 18 1931 (Month) (Day) (Year)

8. AGE: Years 17 Months 1 Days 20 If less than one day hr min

9. Birthplace Johnson County, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business: John Kelly

12. Name John Kelly

13. Birthplace Genoa, Mo. (City, town, or county) (State or foreign country)

14. Maiden name Harmon

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

16. (a) Informant Mrs. Lucy Cheatum

(b) Address Cordele, Mo.

17. (a) Burial (b) Date thereof 8-10-48 (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director W. J. Wiesky

(b) Address 1122 S. Main St. Cordele, Mo.

19. (a) Aug 10, 1948 (b) Chas. H. Landrum (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette  
(c) City or town Cordele (If outside city or town limits, write "RURAL")  
(d) Street No. 1 (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country: 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 8 year 1948 hour 3 minute 30 M.

21. I hereby certify that I attended the deceased from April 1, 1948, to Aug 8, 1948, that I last saw her alive on Aug 7, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic ~~coronary~~ myocarditis Duration 6 mos.

Due to: 1

Due to: 1

Other conditions: 1 (Include pregnancy within 3 months of death)

Major findings: 1

Of operations: 1

Of autopsy: 1

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) 1

(b) Date of occurrence 1

(c) Where did injury occur? 1 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 1 (Specify type of place)

While at work? 1 (c) Means of injury 1

23. Signature W. J. Wiesky (M. D. or other) 1

Address Cordele, Mo. Date signed 8/9/48

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

MOTHER FATHER

**RECEIVED**

**District Health Officer No. 8,**

**District File Number** \_\_\_\_\_

**Date Filed** 8-18-48

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**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 \_\_\_\_\_

Licensed Embalmer No. 2883

P. O. Address Higginsville 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.