No. 2
-1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 4 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33622

Registration District No. 243-

Primary Registration District No. 5837

Registrar's No. 93

1. PLACE OF DEATH:
(a) County: Newton
(b) City or town: Neosho Rural W. Benton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: home R#3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 6 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Newton 73
(c) City or town: Neosho 0
(If outside city or town limits, write "RURAL") 3
(d) Street No.: R.R#3
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Arthur U. 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: Alta M. Riley
6. (c) Age of husband or wife if alive: 44 years
7. Birth date of deceased: December (Month) 10 (Day) 1893 (Year)

8. AGE: Years 54 | Months 10 | Days 12 | If less than one day ..... hr. ..... min.

9. Birthplace: Harrison Co. (City, town, or county) Mo. (State or foreign country) U
10. Usual occupation: Carpenter
11. Industry or business:
FATHER
12. Name: Luther Riley
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Alta M. Riley
(b) Address: Neosho, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct 24-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Spring Valley
18. (a) Signature of funeral director: Paul E. Clark
(b) Address: 100 E. Spring, Neosho.
19. (a) Oct. 28, 1948 (Date received local registrar) (b) Melvin C. Bowman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: October day: 22
year: 1948 hour: 1 minute: 05 A.M.

21. I hereby certify that I attended the deceased from Feb 18, 1948, to Oct 22, 1948, that I last saw him alive on Oct 22, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchogenic Carcinoma	2 yrs
Due to:	
Due to: HC	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: none
Of autopsy: none

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):
(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: Melvin McCullough (M. D. or other) D.O
Address: Law Bldg Neosho, Mo Date signed: 10/27/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Newton Co. Health
District Health Officer No. Unit
District File Number 1148-408
Date Filed 11-3-48

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 K. Ly — White

Licensed Embalmer No. 4240

P. O. Address Neosho, 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.