FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 29 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

35914

State File No.

Registration District No. 62

Primary Registration District No. 5239

Registrar's No. 33

1. PLACE OF DEATH:
(a) County CEDAR
(b) City or town RURAL, LINN TOWNSHIR
(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 44 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cedar 20
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Linn Township 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME William Henry Riley
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex MO
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED!
6. (b) Name of husband or wife CORA
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased OCTOBER (Month) 24 (Day) 1869 (Year)

8. AGE: Years 79 Months 0 Days 21 If less than one day hr. min.

9. Birthplace CEDAR COUNTY (City, town, or county) MO. (State or foreign country)
10. Usual occupation SUPT. of SCHOOLS
11. Industry or business

FATHER
12. Name WILLIAM HENRY RILEY
13. Birthplace LIVERPOOL (City, town, or county) ENGLAND (State or foreign country) 4

MOTHER
14. Maiden name MARY MC CALLISTER
15. Birthplace (City, town, or county) ENGLAND (State or foreign country) 4

16. (a) Informant MRS. CORA RILEY
(b) Address STOCKTON, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-17-1948 (Month) (Day) (Year)
(c) Place: burial or cremation MOUND CEMETERY
18. (a) Signature of funeral director John A. Cantlon
(b) Address Stockton Mo.
19. (a) 11-20-1948 (Date received local registrar) (b) Geneva Harrison (Registrar's signature) 54

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15
year 1948 hour minute M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Suicide by Hanging

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

Duration

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) Suicide
(b) Date of occurrence Nov 15 1948
(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? Home (Specify type of place)
While at work? (e) Means of injury 5

23. Signature M D Gwinn Coroner (M. D. or other)
Address E Dorado Springs Date signed 11/15/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 25 1950

RECEIVED
District Health Officer No. 7
District File Number 10-48-1363
Date Filed 11-24-48

JAN 4 1950

MAY 1 1949

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 James L. Gentry, Registered Apprentice No. 257, working under my personal supervision.

Signed John A. Cantlon

Licensed Embalmer No. 4287

P. O. Address Stockton, 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.