

Registration District No. 381

Primary Registration District No. 57554330

Registrar's No. 35

1. PLACE OF DEATH:

(a) County MILLER
(b) City or town ELDON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Weaver Hospital
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution 1 HOUR
(Specify whether years, months or days) YEARS

3. (a) PRINT FULL NAME Lulu T. Risley 240

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex FEMALE 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Audley D. Risley 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased May 17 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 11 23 ✓ hr. ✓ min.

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

10. Usual occupation Housewife

11. Industry or business ✓

MOTHER FATHER { 12. Name Frank Tracy

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

14. Maiden name Jane Anderson

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

16. (a) Informant's own signature A. D. Risley

(b) Address Eldon Mo.

17. (a) BURIAL (b) Date thereof May 12 '40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem Cemetery

18. (a) Signature of funeral director F. H. Payne

(b) Address Eldon Mo.

19. (a) May 11-1940 (b) Belle Haynes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller
(c) City or town ELDON Mo. - Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 Miles East
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Native born

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 10
year 1940 hour 8 minute 15 P. M.

21. I hereby certify that I attended the deceased from 5710, 1940, to 5710, 1940
that I last saw her alive on 5710, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Coma. Duration 1 Day
Due to Chronic Nephritis. 2

Due to 121
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 121
Of autopsy 121

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? 495

(Specify type of place) While at work? _____ (e) Means of injury _____
23. Signature A. W. Walker (M. D. or other) 1
Address Eldon Mo. Date signed 5/11/40

PHYSICIAN

Underline the cause to which death should be charged statistically.

40-68

6/12/40

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

Keith M. Hayes

Licensed Embalmer No.

3998

P. O. Address

Eldon Missouri

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, above space should be left blank.