No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31292

Registration District No. 26 FILED OCT 11 1940

Primary Registration District No. 3002

Registrar's No. 126

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

1. PLACE OF DEATH:
4 (a) County Audrain
4 (b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
2 (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 V (Specify whether
In this community 7 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
0 (d) Street No. 721 - E Bolivar
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Riley Avon CARey
3. (b) If veteran, name war
3. (c) Social Security No. 491-05-6622
4. Sex MAle
5. Color or race negro
6. (a) Single, widowed, married, divorced MArried
6. (b) Name of husband or wife Peslena
6. (c) Age of husband or wife if alive 24 years
7. Birth date of deceased 2 (Month) 10 (Day) 1914 (Year)

8. AGE: Years 26 Months 7 Days 12 If less than one day hr. min.

9. Birthplace MAyfield Kentucky 1
(City, town, or county) (State or foreign country)
10. Usual occupation General Labor 9
11. Industry or business
FATHER
12. Name AVON CArey 1
13. Birthplace Not Known
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Cora Rhydon
15. Birthplace Grace County Kentucky
(City, town, or county) (State or foreign country)
16. (a) Informant Peslena Carey
(b) Address 721 E Bolivar
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-24-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Mexico - Mo
18. (a) Signature of funeral director A. L. Reynolds
(b) Address Mexico Mo
19. (a) Sept 23-1940 (Date received local registrar) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22 year 1940 hour 4 minute P. M.
21. I hereby certify that I attended the deceased from 11-1-39, 19__, to 9-22-, 1940
that I last saw him alive on 9-22-40, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Miliary Tuberculosis	?
Due to	
Due to	
Other conditions (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?
23 (Specify type of place)
While at work? (e) Means of injury
23. Signature J Frank Jolley (M. D. or other) MD
Address Mexico Mo Date signed 9-24-40

(Licensed Embalmer's Statement on Reverse Side)

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. 3 5 2+

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.