

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

Registration District No. **198**

Primary Registration District No. **3011**

Registrar's No. **186**

1. PLACE OF DEATH:

(a) County **Clay**

(b) City or town **Excelsior Springs**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Elms Garage, 504 St. Louis Edg.**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **no.**
(Specify whether)

In this community **23 yrs.**
years, months or days **3**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Clay**

(c) City or town **Excelsior Springs**
(If outside city or town limits, write "RURAL")

(d) Street No. **628 Osage Ave.**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **LUTHER RIFFE**

3. (b) If veteran, name war **World War**

3. (c) Social Security No. **491-01-8534**

4. Sex **MALE**

5. Color or race **COLORED**

6. (a) Single, widowed, married, divorced **SINGLE**

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive **3** years

7. Birth date of deceased **Aug. 16 1897**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
43	4	9	hr. _____ min.

9. Birthplace **Ray Co Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **laborer**

11. Industry or business _____

12. Name **Med Riffe**

13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Menefee**

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

16. (a) Informant **Claude Riffe**

(b) Address **Excelsior Springs**

17. (a) **Burial** (b) Date thereof **12-28-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood Cemetery, Edg.**

18. (a) Signature of funeral director **Thebert Pope**

(b) Address **Excelsior Springs**

19. (a) **Mo-28-40** (b) **Mo. R. McCracken**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **25th** day **Dec.**
year **1940** hour **5** minute **0** P. M.

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

Immediate cause of death **Coronary Thrombosis**

Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy **Coronary Thrombosis, Hypertrophied Liver**

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. Signature **P. W. Procher** (M. D. or other) **Coroner**
Address **Excelsior Springs Mo** Date signed **12-25/40**

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..... *Scott W. Hackensmit*

Licensed Embalmer No. *3597*

P. O. Address. *Epcelsio Spring*

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.