

Primary Registration District No. 2001

1. PLACE OF DEATH:  
(a) County GREENE  
(b) City or town Springfield  
(c) Name of hospital or institution: Baptist Hospital  
(d) Length of stay: In hospital or institution About 10 Days  
In this community Life time

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Greene  
(c) City or town Springfield  
(d) Street No. 919 S Newton  
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME Osha Riley  
(b) If veteran, name war no  
(c) Social Security No. None

4. Sex F.M. 5. Color White  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Charlie Riley  
(c) Age of husband or wife if alive Unknown years  
7. Birth date of deceased Feb 14 1877

8. AGE: Year 64 Months 10 Days 6  
If less than one day hr. min.

9. Birthplace Mt. Grove MO  
Housekeeper (State or foreign country)

10. Usual occupation  
11. Industry or business

MOTHER FATHER { 12. Name Jas Cockrum  
13. Birthplace Unknown MO  
14. Maiden name E. Jane Rhodes  
15. Birthplace Unknown Tenn

16. (a) Informant Charlie Riley  
(b) Address 919 S. Newton Springfield  
17. (a) Burial (b) Date thereof 12.22. 41  
(c) Place: burial or cremation E astlawn Cemetery  
Dunn. Funeral Home

18. (a) Signature of funeral director Springfield mo  
(b) Address Springfield  
19. (a) 12-27-41 (b) W. E. Haudley  
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Dec. day 20  
year 1941 hour 6 minute 30 p. M.

21. I hereby certify that I attended the deceased from May 1 - 1941 to Dec. 20 1941  
that I last saw her alive on Dec. 20 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of  
Calcium (primary)  
Due to  
Due to  
Other conditions H6  
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of  
Of operations Calcium with widespread  
Of autopsy metastases, liver

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? (Specify type of place) (Specify type of injury)  
Signature Arthur D. Smith M. D. (Date)  
Address 440 1/2 E. Conant Date signed 12-22-41  
Springfield, Mo.

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

4  
2  
6

Duration 14 1/2  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

SEP 9 1942

SEP 21 1942

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 Lawrence A. Hall  
Licensed Embalmer No. 2784  
P. O. Address Springfield 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.