

Registration District No. 448

Primary Registration District No. 5609

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Laclede

(b) City or town Lebanon 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 _____ years, months or days

3. (a) PRINT FULL NAME Mary Esther Riley

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eli Riley 6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased Sept 22 1867
(Month) (Day) (Year)

8. AGE: Years 77 Months 5 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Canada _____
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Pollard

13. Birthplace England _____
(City, town, or county) (State or foreign country)

14. Maiden name Mary Steadham

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

16. (a) Informant Mrs. W. S. Riley

(b) Address Lebanon, Mo. RR - Lebanon a

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Millsap

18. (a) Signature of funeral director E. H. Stewart

(b) Address Lebanon Mo

19. (a) 2-18-42 (b) Grace Roper
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Laclede

(c) City or town Lebanon Mo T. 45
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19
year 1942 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb 17 1942 to Feb 17 1942
that I last saw her alive on Feb 17 1942 3 P. M.
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation
Chronic Nephritis

Due to _____

Due to _____

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

Major findings: _____

Of operations 131

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature O. S. Bohrer (M. D. or other) D.O.
Address Lebanon, Missouri Date signed 2/18/42

RECEIVED

District Health Officer No. _____

District File Number 3-42-57

Date Filed March 12, 1942

002

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 E M Stewart

Licensed Embalmer No. 1886

P. O. Address Rebanoon 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.