

FILED JAN 15 1943

Registration District No. 194

Primary Registration District No. 5575

Registrar's No. 50

1. PLACE OF DEATH

(a) County Jackson

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

(c) Name of hospital or institution: Grandview Md R. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____ (Specify whether)

In this community 4 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Jackson

(c) City or town Grandview (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. 1 1/2 mo. 30
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Steven B. Reighley

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15 year 42 hour 7 minute 15 M.

21. I hereby certify that I attended the deceased from July 15, 1942 to 11-15, 1942; that I last saw him alive on 11-14, 1942; and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Mary Reighley 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased July-13-1854
(Month) (Day) (Year)

Immediate cause of death: Cardiac failure from inability to swallow food.

Due to Smility

Due to _____

8. AGE: Years 88 Months 4 Days 2 If less than one day _____ hr. _____ min.

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

Major findings: _____

Of operations _____

Of autopsy _____

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

10. Usual occupation Farmer, Retired

11. Industry or business _____

12. Name unknown

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

14. Maiden name _____

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

16. (a) Informant Max Reighley

(b) Address Grandview Mo

17. (a) Burial (b) Date thereof Nov. 17-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director A.P. Decker

(b) Address 1415 E 15th Mo

19. (a) Nov. 17-1942 (b) Low Annie S. Hedges
(Date received local registrar) (Registrar's signature)

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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Grandview Mo Date signed 11-15-42

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

48
0
0

48

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 *H. P. Doshier*

Licensed Embalmer No. 1166 MO

P. O. Address. 1415 8th 15

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.