

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

D JUL 10 1943  
Registration District No. **28**

Primary Registration District No. **3026**

Registrar's No. **148**

**1. PLACE OF DEATH:**

(a) County Boone

(b) City or town Columbian

(c) Name of hospital or institution: White Passed-away  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 7 mo  
(Specify whether In this community years, months or days)

**3. (a) PRINT FULL NAME** JOHN LEE RILEY

**3. (b) If veteran name war** L

**3. (c) Social Security No.** 1

**4. Sex** M ( )

**5. Color or race** W

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

**6. (b) Name of husband or wife** Vinise June

**6. (c) Age of husband or wife if alive** 28 years

**7. Birth date of deceased** June 27-1866  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>76</u>	<u>11</u>	<u>23</u>	hr. min.

**9. Birthplace** K3.1  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Farmer

**11. Industry or business** retired

**12. Name** James Riley

**13. Birthplace** K3.1  
(City, town, or county) (State or foreign country)

**14. Maiden name** Mary Ellen Korman

**15. Birthplace** K3.1  
(City, town, or county) (State or foreign country)

**16. (a) Informant's own signature** Clyde Riley

**(b) Address** Clark, Mo.

**17. (a) Burial** (b) Date thereof June 24-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Union Cem.

**18. (a) Signature of funeral director** Barnes & Booth

**(b) Address** Sturgeon, Mo.

**19. (a) 6-21-43** (b) Edna H. Barber  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Boone

(c) City or town Columbian (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? 0 years.

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month June day 21 year \_\_\_\_\_ hour \_\_\_\_\_ minute 47.5 M.

**21. I hereby certify that I attended the deceased from** March 1, 1943 to June 21, 1943  
that I last saw him alive on June 18, 1943  
and that death occurred on the date and hour stated above.

**Immediate cause of death** Myocardial infarction Duration 3 mo  
General Arterio-sclerosis

**Due to** \_\_\_\_\_

**Due to** \_\_\_\_\_

**Other conditions** 938  
(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. Signature** Stephens D. Smith (Specify type of place) (e) Means of injury \_\_\_\_\_  
(M. D. or other)

**Address** Columbian **Date signed** 6/24/43

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**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..... *A. E. Boothe*.....

Licensed Embalmer No..... *4087*.....

P. O. Address..... *Sturgeon, Md*.....

**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, above space should be left blank.**