

FILED AUG 16 1943

Registration District No. 4

Primary Registration District No. 4176

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

1. PLACE OF DEATH: Dunklin  
 (a) County Malden  
 (b) City or town \_\_\_\_\_  
 (If outside city or town limits, write "RURAL" and name of 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 John Marley Riley  
 3. (b) If veteran, name ✓ 3. (c) Social Security No. ✓

4. Sex Male 5. Color of hair White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Maudie 6. (c) Age of husband or wife if alive 69 years  
 7. Birth date of deceased Nov. 19 1875  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 8 00 hr. min.

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

10. Usual occupation Farmer and hom

11. Industry or business manager  
 12. Name John Riley  
 13. Birthplace Ind.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Ella Hisinger  
 15. Birthplace Ind.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maudie Riley  
 (b) Address Malden Mo  
 17. (a) Burial (b) Date thereof 7-21-43  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Thornston Ind

18. (a) Signature of funeral director W. E. Craig  
 (b) Address Malden Mo  
 19. (a) 8-22-43 (b) W. D. Elder  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County Dunklin  
 (c) City or town Malden  
 (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 July day 19  
 year 1943 hour 4 minute a.m.  
 21. I hereby certify that I attended the deceased from July - 10<sup>th</sup> to 38<sup>th</sup> July 19 1943  
 that I last saw him alive on July 13 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Beard Club lodged in Coronary artery Duration \_\_\_\_\_  
 Due to Diabetes Mellitus 10 yrs  
Arteriosclerosis 8 yrs  
 Due to Fatty circulation in the one remaining leg  
 Other conditions leg amputated 4 yrs  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations 61  
 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 \_\_\_\_\_  
 23. Signature Thomas Beall M.D. (M. D. or other)  
 Address Malden Mo Date signed 7-19-43

RECEIVED

District Health Office No. 2,

District File Number 843-1025

Date Filed 8-11-43

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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 [Signature]

Licensed Embalmer No. 2556

P. O. Address Kenett, 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.