

28511

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

AUG 20 1943

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 459

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:  
832 and 1-2 Penn;  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community 5 years;  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 832, 1-2 Pa. Ave  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Royal S. Risley

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 510-09-8730

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. 12 day 1943  
year \_\_\_\_\_ hour 4-30 P.M. minute \_\_\_\_\_ M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Treva Risley

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased April 25, 1888  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
to \_\_\_\_\_  
that I last saw him alive on \_\_\_\_\_  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

55 3 18 hr. \_\_\_\_\_ min.

Immediate cause of death Coronary sclerosis

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

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

9. Birthplace Millard South Dakota;  
(City, town, or county) (State or foreign country)

10. Usual occupation grocery Employee

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

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Absolam Risley

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

{ 14. Maiden name Aba Long

{ 15. Birthplace Iowa  
(City, town, or county) (State or foreign country)

Major findings: gfa

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Bob E. Risley

(b) Address 832, 1-2 Pa. Ave Joplin Mo

17. (a) Removal (b) Date thereof 8/13/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Davenport, Iowa

18. (a) Signature of funeral director Hurlbut Und. Co;

(b) Address Joplin Mo

19. (a) 8-13-43 (b) Hestud Suchowick  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury Coroner

23. Signature R. A. Webster (M. D. or other) Coroner

Address Carthage Mo Date signed Aug 13 1943

(Licensed Embalmer's Statement on Reverse Side)

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

No. 2  
FILED  
AUG 20 1943  
X128897

43-7-684

AUG 23 1943

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 *Perry K. Kurland*

Licensed Embalmer No. *95-9*

P. O. Address *Superior, Wis.*

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.