

FILED MAY 15 1944

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

Registration District No. 257

Primary Registration District No. 3028

Registrar's No. 95

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage

(c) Name of hospital or institution: Stone Memorial Hospital

(d) Length of stay: in hospital or institution 4 days

In this community 3 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Rural

(d) Street No. Route 2, Jasper

(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Thomas Franklin Riley

3. (b) If veteran, name war No

3. (c) Social Security No None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13

year 1944 hour 8:40 minute A. M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Fannie Frances Riley

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased October 6 1866

21. I hereby certify that I attended the deceased from February 9, 1944, to April 12, 1944; that I last saw him alive on April 12, 1944; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	77	6	7	hr. min.

Immediate cause of death Complete Heart Block

9. Birthplace Unknown Ohio

Due to Myocardial Degeneration

10. Usual occupation Farmer

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

11. Industry or business None

MOTHER FATHER { 12. Name Benjamin Franklin Riley

{ 13. Birthplace Unknown Unknown

{ 14. Maiden name Unknown

{ 15. Birthplace Unknown Unknown

Other conditions \_\_\_\_\_

16. (a) Informant Guy Riley

(b) Address Route 2, Jasper, Missouri

Major findings: Of operations \_\_\_\_\_

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

17. (a) Burial (b) Date thereof Apr. 5, 1944

(c) Place: burial or cremation Paradise Cemetery

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? \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

While at work? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

(e) Means of injury \_\_\_\_\_

19. (a) April 15 '44 (b) Elizabeth Couplin

(c) Registrar's signature

23. Signature Robert S. Berg (M. D. or other) D.O.

Address Alton, Missouri Date signed 4/14/44

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

19  
1  
3

44-4-355

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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..... *Emmal Kneep*

Licensed Embalmer No. *391*

P. O. Address..... *Carters*

**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.**