V. S. No. 2
DM—9-4-41
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1945

Registration District No. 3294

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7317

Primary Registration District No. 4485

Registrar's No. 47

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

1. PLACE OF DEATH:
(a) County: Scott
(b) City or town: Fornfelt
(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 years, months or days)
In this community: Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Scott 100
(c) City or town: Fornfelt
(If outside city or town limits, write "RURAL")
(d) Street No.: ✓
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ✓

3. (a) PRINT FULL NAME: Judith Ann Riley
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: ✓
6. (c) Age of husband or wife if alive: ✓ years
7. Birth date of deceased: Aug. (Month) 12 (Day) 1944 (Year)

8. AGE: Years	Months	Days	If less than one day
0	4	26	hr. min.

9. Birthplace: Fornfelt (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Infant
11. Industry or business: ✓
FATHER 12. Name: Emmett Riley
13. Birthplace: Livingston (City, town, or county) Kentucky (State or foreign country)
MOTHER 14. Maiden name: Frances Turner
15. Birthplace: Clarkton (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Emmett Riley
(b) Address: Fornfelt Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-9-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Morley Cem Morley Mo
18. (a) Signature of funeral director: Bispinghoff & Hubbard
(b) Address: Illmo, Mo.
19. (a) 1-18-45 (Date received local registrar) (b) Mrs W. L. Tomlinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 8 year 1945 hour ✓ minute ✓ M.
21. I hereby certify that I ~~attended the deceased from~~ Viewed Body JAN. 8, 1945 to ✓, 19..; that I last saw h.. alive on ✓, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Suffocation	
Due to Accidental While Sleeping	
Due to	
Other conditions (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): Accident
(b) Date of occurrence: 1-8-45
(c) Where did injury occur? Fornfelt (City or town) Scott (County) Mo. (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: 3
23. Signature: Orville Taylor (M.D. or other) Coroner
Address: Sikeston, Mo. Date signed: 1-8-45

1316

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 245-201
Date Filed 2-15-45

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by ..... Registered Apprentice No. ..... working under my personal supervision.

Signed Mamie Bruplinghoff

Licensed Embalmer No. 32442

P. O. Address Chaffee 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.