S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36532

State File No.

FILED NOV 30 1945

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 133

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution: Audrain Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1day (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Audrain 4

(c) City or town Mexico 1
(If outside city or town limits, write "RURAL")

(d) Street No. 914 E.Anderson 2
(If rural, give location)

(e) Citizen of foreign country? no 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Susie Riley

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex F 3

5. Color or race Col

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased DK (Month) DK (Day) 1865 (Year)

8. AGE: Years 80 Months Days If less than one day hr. min.

9. Birthplace Audrain Co. (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation House keeper.

11. Industry or business

FATHER
12. Name Levi Riley
13. Birthplace (City, town, or county) Ky 1 (State or foreign country)

MOTHER
14. Maiden name DK
15. Birthplace (City, town, or county) Ky 1 (State or foreign country)

16. (a) Informant John Riley
(b) Address Mexico, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 25,45 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director [signature]
(b) Address Mexico,Mo

19. (a) 10/23/1945 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23 year 1945 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from 10-22-45, 19, to 10-23-, 1945 that I last saw her alive on 10-23-, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Hemiplegia

Due to

Due to Arteriosclerosis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. J. Ector (M. D. or other)

Address Date signed 10-24-45

1406 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-45-1757
Date Filed NOV 27 1945

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 Everett R. Head

Licensed Embalmer No. 4038

P. O. Address Mexico, 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.