. No. 2
—12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 13 1947

Registration District No. 1

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23694

Primary Registration District No. 3012

Registrar's No. 120

1. PLACE OF DEATH:

(a) County: Clay

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

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

(d) Length of stay: In hospital or institution: 3 mos. 4 days (Specify whether years, months or days)
In this community: 3 mos. 4 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis 000

(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No.: 719aN. Leffingwell 9
(If rural, give location)

(e) Citizen of foreign country?: No (Yes or No) 1
If yes, name country:

3. (a) PRINT FULL NAME: George Riley

3. (b) If veteran, name war: World War I

3. (c) Social Security No.: 49901 8278

4. Sex: Male 2

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: Married 1

6. (b) Name of husband or wife: Mrs. Christina Riley

6. (c) Age of husband or wife if alive: 60 years

7. Birth date of deceased: November 11, 1895 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
51	8	23	hr. min.

9. Birthplace: St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: Truck driver

11. Industry or business: City of St. Louis, Missouri

FATHER
12. Name: Joe Riley 9
13. Birthplace: — (City, town, or county) — (State or foreign country) 1

MOTHER
14. Maiden name: Hattie Alexander
15. Birthplace: — (City, town, or county) — (State or foreign country) 9

16. (a) Informant: Hospital Records, Veterans' Administration Hospital
(b) Address: Excelsior Springs, Missouri

17. (a) Removal (Burial, cremation, or removal): (b) Date thereof: 8-5-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Removed to: St. Louis, Missouri

18. (a) Signature of funeral director: Chas O Hope
(b) Address: HOPE FUNERAL HOME Excelsior Springs, Missouri

19. (a) 8/6/47 (Date received local registrar) (b) Caroline Hutchings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: August day: 4
year: 1947 hour: 6 minute: 10 P. M.

21. I hereby certify that I attended the deceased from: April 30, 1947, to August 4, 1947; that I last saw him alive on August 4, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Tuberculosis, pulmonary, chronic, far advanced, active. — Duration: Unknown

Due to:

Due to:

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

Major findings:
Of operations:
Of autopsy: Same as above 13 B

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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: — 0

23. Signature: Harvey E. Stroff (M. D. or other) M. D.
STANLEY C. STROFF M. D.
Address: Veterans Administration Hospital, Excelsior Springs, Missouri Date signed: 8/4/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED NOV 1 1947
District Health Officer No. 8
District File Number
Date Filed 8-12-47

AUG 21 1947

JUN 28 1948

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 J a Moles.

Licensed Embalmer No. 3296

P. O. Address Excelsior Springs 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.