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Filed **DEC 1 1947**

Registration District No. **44**

Primary Registration District No. **1000**

Registrar's No. **1389**

1. PLACE OF DEATH:

(a) County **Buchanan**

(b) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **Missouri Methodist Hospital**  
(If not in hospital or institution, write street number or location) **0**

(d) Length of stay: In hospital or institution **1 day** (Specify whether years, months or days) **Lifetime**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**

(c) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL")

(d) Street No. **411 N. 13th Street**  
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME **Benjamin Spaulding Riney**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife **Eather Riney** 6. (c) Age of husband or wife if alive **Unknown** years

7. Birth date of deceased **December 10 1879**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **24th** year **1947** hour **6** minute **10 A.** M. **viewed**

21. I hereby certify that I attended the deceased from **Nov 24th 23 1947** to **November 24 1947** and that death occurred on the date and hour stated above.

Immediate cause of death **Mitral Insufficiency** Duration

8. AGE:

Years	Months	Days	If less than one day
<b>67</b>	<b>11</b>	<b>14</b>	hr. min.

Due to.....

Due to.....

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

9. Birthplace **St. Joseph Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Carpets & Shades**

11. Industry or business **Riney Carpet & Shade Co.**

Major findings:  
Of operations..... **g.s. B**

Of autopsy.....

PHYSICIAN  
Underline the cause of which death should be charged statistically.

12. Name **James B. Riney**

13. Birthplace **Unknown Kentucky**  
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret A. VanDerelice**

15. Birthplace **Elizabethtown Kentucky**  
(City, town, or county) (State or foreign country)

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?..... Means of injury **3**

23. Signature **B. H. Tadlock** (M. D. or other) **Coroner**

Address **King Hill Bldg** Date signed **11/26**

16. (a) Informant **Mrs. E. O. Hicks**

(b) Address **2714 Olive St., St. Joseph, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Nov. 25, 1947**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Mora Cemetery**

18. (a) Signature of funeral director **Walter Meierhoff**

(b) Address **1946 Colhoun St., St. Joseph Mo.**

19. (a) **11-26-47** (Date received local registrar)

(b) **E. C. Jenkins** (Registrar's signature) **303**

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

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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 Elbert C. Harrington  
Licensed Embalmer No. 3258 Missouri  
P. O. Address St. Joseph, 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.