

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 204

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
In this community Life
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Lily R. 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: April 19 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 2 21 hr. min.

9. Birthplace: Zanesville Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Riley 4
13. Birthplace Ireland (State or foreign country)
14. Maiden name Ann McMurrugh
15. Birthplace Unknown (State or foreign country)

16. (a) Informant Mrs. Roseann Darnell
(b) Address 700 W. 5th Sedalia, Mo.

17. (a) Burial (b) Date thereof 7-12-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director McLaughlin Bros
(b) Address Sedalia, Mo.

19. (a) 7-12-48 (b) Betty Yeager
(Date received local registrar) (Registrar's signature) Deputy

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80
(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL") 4
(d) Street No. 706 W. 5th 5
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10
year 1948 hour 7 minute 15 M.

21. I hereby certify that I attended the deceased from Jan. 1948 to July 10 19 48
that I last saw her alive on July 10 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis ch.

Due to arteriosclerosis
& Senile Changes

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

Major findings: Of operations 9 3 5
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. J. Bredemeyer (M. D. or other) MD
Address Sedalia, Mo. Date signed 7/12/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

723-48

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.....

K.P.M. Cra

Licensed Embalmer No. 3153

P. O. Address Sedalia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.