

RECORDED DEC 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39276
Do not use this space.

1. PLACE OF DEATH

(a) County Cass Registration District No. 156
(b) Township Grand River Primary Registration District No. 5219 Registered No. 60
(c) City..... (d) Street No..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Pembroke S Ryle

(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary L Ryle
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 07 - 1858
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 2 9
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cass Co. Mo

FATHER 13. NAME Pembroke S Ryle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Margaret Ann Peaser

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) C. M. Ryle
Freeman, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Freeman, Mo. DATE OF BURIAL 11/18/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) BONNENBURGER'S
HARRISONVILLE, MO.

20. FILED Nov 18 1939 Freeman, Mo. Legal Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16 1939

22. I HEREBY CERTIFY That I attended deceased from Nov 1 - 1939 to Nov 15 - 1939
I last saw him alive on Nov 16 1939 Death is said to have occurred on the date stated above, at 8 a. m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis with mitral Regurgitation
chronic Nephritis
Date of onset

Other contributory causes of importance: 171

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify..... (Signed) J. H. Heath M.D.
Harrisonville Mo. (Address) 841

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BONDING
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-9-19-38 I X16605

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..... *Ernest Remmenburger*.....

Licensed Embalmer No. *33608*.....

P. O. Address *Harrisonville 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, above space should be left blank.