

FILED MAR 7 - 1940

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

8580
Do not use this space.

1. PLACE OF DEATH

(a) County Wright Registration District No. 906
 (b) Township Start Primary Registration District No. 6217
 (c) City Norman (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Bethany Elizabeth Ryan
 (a) Residence, No. Norman 2800 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sam Ryan
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8 18 51
 7. AGE YEARS 83 MONTHS 8 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION: 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
 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) Unknown 9

FATHER: 13. NAME James Flemming 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

MOTHER: 15. MAIDEN NAME Unknown 9

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

17. INFORMANT (ADDRESS) Robert Hunt Norman Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Curtis Cem DATE Feb 5 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Gene E. Hollman Hastenell Mo

20. FILED Feb 28 1940 Ella Clayton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4 1940

22. I HEREBY CERTIFY That I attended deceased from Feb 1 1940 to Feb 4 1940
 I last saw him alive on Feb 2 1940 Death is said to have occurred on the date stated above, at 4:00 P.M.
 The principal cause of death and related causes of importance were as follows:

Arterial Dementia

Date of onset

Other contributory causes of importance: None

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) P. J. Wainwright M. D.
 (Address) Norman Mo

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.

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.