

FILED JAN 20 1941

Registration District No. 567

Primary Registration District No. 4334

Registrar's No. 73

1. PLACE OF DEATH:

(a) County Mississippi
(b) City or town East Prairie Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 50 yrs (Specify whether years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi
(c) City or town East Prairie Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6
year 1940 hour 6 minute P M.

21. I hereby certify that I attended the deceased from Dec 38 to Dec 6 1940
that I last saw him alive on Dec 6 1940
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis

Due to _____
Due to 99
Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 George W. Whitaker (M. D. or other) _____
Address East Prairie Mo Date signed 1/6/41

3. (a) PRINT FULL NAME ANDREW JACKSON RYKER

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Martha Ann Ryker 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Jan 4, 1855
(Month) (Day) (Year)

8. AGE: Years 65 Months _____ Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Postmaster

11. Industry or business _____

12. Name William C. Ryker

13. Birthplace Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Martha Ann Ryker

(b) Address East Prairie Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 9 1940
(Month) (Day) (Year)

(c) Place: burial or cremation High Grove

18. (a) Signature of funeral director George W. Whitaker

(b) Address East Prairie Mo.

19. (a) Jan 2 1941 (Date received local registrar) (b) W. M. Hodge (Registrar's signature)

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

7
4

RECEIVED

District Health Officer No. 2

District File Number 141-116

Date Filed 1/14/42

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

Trans Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.