

No. 2
4-13-40
-17-39
I X23159

FILED 25 1940

Registration District No. 5-31-634 Primary Registration District No. 4-3-8-1-5-977 Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Oregon Highland Twsp.
 (b) City or town Koshkonong
(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 45 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Oregon
 (c) City or town Koshkonong (Rural)
(If outside city or town limits, write "RURAL")
 (d) Street No. 0 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME George Tryon-

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Mary Bonzo 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased March 14 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>9</u>	<u>2</u>	hr. _____ min. _____

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

10. Usual occupation Laborer

11. Industry or business Timber

12. Name Gilbert Tryon

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

14. Maiden name Susan Drury

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

16. (a) Informant Mary Tryon

(b) Address West Plains, Mo. Gen. Del.

17. (a) Burial (b) Date thereof 12/18/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jolliff Cem.

18. (a) Signature of funeral director _____

(b) Address Thayer, Mo.

19. (a) Jan 31 (b) George Tryon
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16
year 1940 hour 3 minute 15 P. A. M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____

that I last saw him alive on _____, 19____ and that death occurred on the date and hour stated above.

Immediate cause of death _____

Heart failure due to

Due to Endocarditis.

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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 3

23. Signature C. C. Kellett Corp
Address Thayer, Mo. 1221 40 Date signed _____

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

5
00

75
00

MOTHER FATHER

RECEIVED

District Health Officer No. 5,

District File Number 241156

Date Filed _____

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, fact should be so stated above.