

FILED FEB 18 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 3953

Registration District No. 918

Primary Registration District No. 6430

Registrar's No. 2

1. PLACE OF DEATH:

(a) County PETNAM  
(b) City or town UNIONVILLE  
(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) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community LIFE TIME years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County PETNAM 86  
(c) City or town UNIONVILLE 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 8  
year 1941 hour 5 minute A. M.  
21. I hereby certify that I attended the deceased from Jan 7  
1941, to Jan 8, 1941!  
that I last saw him alive on Jan 7, 1941!  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral embolus of 5 min  
Due to: arteriosclerosis  
prior attack July, 1940  
Due to: \_\_\_\_\_  
Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death) g2v

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:

Of operations \_\_\_\_\_

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?  
645 (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature M. P. Houston (M. D. or other) D  
Address Unionville, Mo Date signed 1-10-41

3. (a) PRINT FULL NAME FANNIE LAFAWN RYALS

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ELMER ALLEN RYALS 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased JUNE 1 1867 (Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Omaha, Pettan Co. Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business House work

12. Name: GEORGE HOUSTON

13. Birthplace Do Not Know (City, town, or county) (State or foreign country) 9

14. Maiden name MARIEA CALDWELL

15. Birthplace Do Not Know (City, town, or county) (State or foreign country) 9

16. (a) Informant John J. Ryals (b) Address UNIONVILLE MO

17. (a) BURIAL (b) Date thereof JAN. 10 1941 (Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial UNIONVILLE CEMETERY

18. (a) Signature of funeral director W. H. Constable (b) Address UNIONVILLE MO  
19. (a) Jan. 11 1941 (b) J. W. Gillman (Date received local registrar) (Registrar's signature)

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

86  
1  
0

RECEIVED

District Health Officer No. 10

District File Number 2-41-25a

Date Filed FEB 8 1941

**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 James W Comstock

Licensed Embalmer No. 4197

P. O. Address Unionville, 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.