

No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14292

State File No.

Registration District No. 201

Primary Registration District No. 5280

Registrar's No. 40

1. PLACE OF DEATH:

(a) County. Rural - Liberty, Mo.
(b) City or town. Liberty, Mo.
(c) Name of hospital or institution. 1900 F. Home Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 10 weeks
Specify whether
In this community. 10 weeks
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Clay
(c) City or town. Rural - Liberty
(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.? 0 years.

3. (a) PRINT FULL NAME Julia E. Ryan

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, divorced, widow

6. (b) Name of husband or wife J. Ryan 6. (c) Age of husband or wife if alive

7. Birth date of deceased Jan 28 - 1867
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 10 If less than one day hr. min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Immater, 1900 F. Home

11. Industry or business

12. Name George Hise, Pa.

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

14. Maiden name Marie Maden

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

16. (a) Informant Paul A. Rogus

(b) Address Liberty, Mo.

17. (a) Removal (b) Date thereof Apr. 8, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director. Phursh, Ardenco
(b) Address Liberty, Mo.

19. (a) April 8 - 41 (b) Nelen Early
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 8
year 1941 hour 11 minute 0-A.M.

21. I hereby certify that I attended the deceased from Feb 15, 1941 to April 8, 1941;
that I last saw him alive on April 8, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to 10 2/3

Due to

Other conditions (Include pregnancy within 3 months of death)

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?

(Specify type of place) While at work (e) Means of injury

23. Signature J. H. Matheis (M. D. 0)

Address Liberty, Mo. Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

4
0
0

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-12-41

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 _____

Edgar Archer

Licensed Embalmer No. _____

3311

P. O. Address _____

Liberty - Me

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.