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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MAILED SEP 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28842

State File No. _____

Registration District No. 547

Primary Registration District No. 3079

Registrar's No. 235

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(c) Name of hospital or institution: St Elizabeth Hospital
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 20 yrs
years, months or days

3. (a) PRINT FULL NAME Mary Ryan

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

4. Sex FEMALE 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased: Sept 29 1881
(Month) (Day) (Year)

8. AGE: Years 58 Months 10 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Marion County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business _____

12. Name John M. Ryan

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

14. Maiden name Ellen Able

15. Birthplace Monroe Co Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Guerritt L. Harper
(b) Address Quincy Ill. Rte 2

17. (a) Burial (b) Date thereof Aug 19 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holy Rosary Monroe Ill

18. (a) Signature of funeral director Milson & Son

(b) Address 170 N ROE St. C. Wash

19. (a) 8-18-41 (b) J. C. Fisher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. 1246 Lyon St.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17
year 1941 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from Aug 5
_____ 1941, to Aug 17 1941;
that I last saw her alive on Aug 17 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chromyocarditis

Due to _____

Due to _____

Other conditions Congestive Failure
(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? _____

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

23. Signature J. C. Fisher (M. D. or other) _____

Address 1000 Blyth St. Hannibal Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

400 (Licensed Embalmer's Statement on Reverse Side)

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

Leslie L. Wilson

Licensed Embalmer No. *3014*

P. O. Address

Memphis City 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, fact should be so stated above.