S. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34219

Registration District No. 30 Primary Registration District No. 3003 Registrar's No. 44

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Monett (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 700 4th., St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

(c) City or town Monett (If outside city or town limits, write "RURAL")

(d) Street No. 700 4th. St. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Edward Joseph Ryan

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Bessie Agnes Ryan

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July (Month) 9, (Day) 1864 (Year)

8. AGE: Years 77 Months 3 Days 5 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER

12. Name James Ryan

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

14. Maiden name Catherine Mullins

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

16. (a) Informant Mrs. J. J. Kane,

(b) Address 1100 E. Walnut, Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 16, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Pierce City, Mo.

18. (a) Signature of funeral director Earl Lawson

(b) Address Monett Mo.

19. (a) 10-15-41 (Date received local registrar) (b) W. M. West (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14 year 1941 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from Aug 31, 1941, to Oct 14, 1941; that I last saw him alive on Oct 13, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic Pneumonia — Duration 9 days

Due to: Paralysis Hemiplegia 14 yrs

Due to

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1141-1733
Date Filed NOV 14 1941

AUG 25 1944

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 Floyd C. Calloway
Licensed Embalmer No. 2066
P. O. Address Monett

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

. No. 2B
OM--8-21-41
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34219

Registration District No. 30 Primary Registration District No. 3003 Registrar's No.

1. PLACE OF DEATH:
(a) County Barry
(b) City or town Monett
(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 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edward J. Ryan
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex m
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 9 (Month) 186[illegible] (Day) (Year)

8. AGE: Years 77 Months 3 Days If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14 year 1941 hour minute 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.

	Duration
Immediate cause of death Hypostatic Pneumonia Bronchial	
Due to Paralysis Hemiplegia	
Due to	
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.

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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 [illegible] (M. D. or other)
Address Monett Mo. Date signed 12-6-41

SUPPLEMENTARY

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