

FILLED NOV 14 1941

Registration District No. 251

Primary Registration District No. 4151

Registrar's No. 31

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

1. PLACE OF DEATH:

(a) County Daviess
(b) City or town Jameson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 1 day (Specify whether
years, months or days)

3. (a) PRINT FULL NAME James L. Rybolt

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, single

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

7. Birth date of deceased. Mar 11 1862
(Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 18 If less than one day
hr. _____ min. _____

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

10. Usual occupation retired

11. Industry or business _____

12. Name Jacob Rybolt

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

14. Maiden name Mary Johnson

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

16. (a) Informant Mrs. Harry Wheeler

(b) Address Jameson Mo.

17. (a) burial (b) Date thereof Oct. 31, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brown Cem. Gallatin Mo.

18. (a) Signature of funeral director [Signature]
Gallatin Mo.

(b) Address _____

19. (a) Oct. 31, 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess
(c) City or town Jameson
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 7:30 to 10:45
that I last saw him alive on Oct 26 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Interstitial Nephritis Duration 5 years

Due to Chronic Arterio Sclerosis
Due to Redney

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

Major findings:
Of operations 131a
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?

While at work _____ (Specify type of place) (e) Means of injury [Signature]
23. Signature [Signature] (M. D. or other) [Signature]
Address Jameson Date signed 10/30/41

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.....

Licensed Embalmer No. 3453

P. O. Address Indio, 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.