

JAN 6 1942 615-  
Registration District No. 615-

Primary Registration District No. 5817

Registrar's No. 13.

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

1. PLACE OF DEATH:

(a) County Newton  
(b) City or town Diamond *Marion Township*  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Diamond Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 35 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

Wesley Almon Ryno

3. (b) If veteran,

name war None

3. (c) Social Security

No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Anna

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

7. Birth date of deceased May 12 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 7 18 hr. min.

9. Birthplace Rishburg New York  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business None

12. Name John Ryno

13. Birthplace Unknown New York  
(City, town, or county) (State or foreign country)

14. Maiden name Julia Ann Rogers

15. Birthplace Unknown New York  
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Ryno, Diamond Mo.

(b) Address Diamond Mo.

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

(c) Place: burial or cremation Diamond Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage Mo.

19. (a) Dec. 27 1941 (b) Mrs. U. S. Chapman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26  
year 1941 hour 7<sup>00</sup> minute A M.

21. I hereby certify that I attended the deceased from Dec 9 1941 to Dec 26 1941.  
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of neck of left femur from fall on stool in home  
Due to Repeated slight cervical hemorrhages  
Due to own fault of 10 yrs.

Other conditions arterio sclerosis  
(Include pregnancy within 3 months of death)  
with hypertension

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 19618

Duration 15 days

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) accident  
(b) Date of occurrence Dec 9 41  
(c) Where did injury occur? Diamond North Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
in home

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature P. H. Webster (M. D. or other) D  
Address Carthage Mo. Date signed Dec 26

RECEIVED

District Health Officer No. 6,

District File Number 142-13

Date Filed JAN 3 1942

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

*John D. Batchelder*

Licensed Embalmer No. 4153

P. O. Address Carthage 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.**