V. S. No. 2
50M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr. Allder

State File No. 10264

Registration District No. ~~318~~ 128

Primary Registration District No. 2000

Registrar's No. 218

39
2
6

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

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 524 S. Campbell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 5 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 6
(If outside city or town limits, write "RURAL")
(d) Street No. 524 S. Campbell
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Charles C. Rymer
3. (b) If veteran, name war no
3. (c) Social Security No. 493-14-1218
4. Sex Male
5. Color or race White 0
6. (a) Single, widowed, married, divorced Divorced 3
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased February (Month) 28 (Day) 1879 (Year)

8. AGE: Years ✓ 64 Months 0 Days 12 If less than one day hr. min.

9. Birthplace St. Marys, (City, town, or county) West Virginia (State or foreign country)
10. Usual occupation Attendant
11. Industry or business Pool Hall
FATHER
12. Name James M. Rymer
13. Birthplace Matimonia (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name Mary Gragg
15. Birthplace St. Marys (City, town, or county) West Virginia (State or foreign country)
16. (a) Informant Mrs. Jack Rymer
(b) Address Springfield, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof March 12, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln, Neb.
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 3-12-43 (Date received local registrar) (b) Dr WE Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10 year 1943 hour 8 minute a. M.
21. I hereby certify that I attended the deceased from 3/9/43, 19 to 3/10/43, 19; that I last saw him alive on 3/9/43, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 938
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 C. E. Allder (M. D. or other)
Address Springfield Date signed 3/10/43

(Licensed Embalmer's Statement on Reverse Side)

VEH

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.....

P. O. Address.....

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.