

FILED APR 23 1943

Registration District No. 197

Primary Registration District No. 4097

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

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Harrisonville
(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 _____)

In this community _____ years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Cass

(c) City or town Harrisonville
(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 _____

3. (a) PRINT FULL NAME Frank E Rybee

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
year 1943 hour 3 minute 0 M.

21. I hereby certify that I attended the deceased from March 2-
1943 to April 8, 1943

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Mary B Rybee

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Feb 6 1878
(Month) (Day) (Year)

that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Chronic nephritis
with arteriosclerosis Duration _____

8. AGE: Years Months Days If less than one day

65 2 2 _____ hr. _____ min.

Due to _____

Due to _____

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

131 f

MOTHER FATHER

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

10. Usual occupation Justice of Peace

11. Industry or business _____

12. Name Fielding E Rybee

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

14. Maiden name Eleanor Dian Dunsage

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy _____

16. (a) Informant Arthur R. Rybee

(b) Address Harrisonville Mo

17. (a) Burial (b) Date thereof 4/10/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Cemetery

18. (a) Signature of funeral director RUNNENBURGER'S

(b) Address HARRISONVILLE, MO.

19. (a) April 9, 1943 (b) Margaret Volle
(Date received local registrar) (Registrar's signature)

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)

23. Signature J. A. South (M. D. or other) _____
Address Harrisonville, Mo Date signed Apr 9

1047

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..... *Ernest R. Remienburger*

Licensed Embalmer No. *3368*

P. O. Address. *Harrisonville 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.