

25745

S. No. 2  
OM-5-42  
v. 5-17-39  
X32873

DEPARTMENT OF COMMERCE  
STATE BOARD OF HEALTH OF MISSOURI  
LED AUG 9 1943  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 274

Primary Registration District No. 2052

Registrar's No. 217

8064  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County PETTIS

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

(c) Name of hospital or institution: BOTHWELL HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 DAYS  
(Specify whether years, months or days)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS

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

(d) Street No. ROUTE #5  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JAMES WARNER RYMER

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 0 5

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

7. Birth date of deceased 9 14 1865  
(Month) (Day) (Year)

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

77	9	17	hr. _____ min. _____
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9. Birthplace ILL  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name PETER H. RYMER

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

{ 14. Maiden name MALINDA DILLON

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

16. (a) Informant ADAM RYMER

(b) Address SEDALIA Mo.

17. (a) BURIAL (b) Date thereof 7-3-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CROWN HILL

18. (a) Signature of funeral director Gillespie

(b) Address SEDALIA Mo.

19. (a) 7/2/43 (b) Anna Berger  
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 1ST  
year 1943 hour 11.35 minute 17 M.

21. I hereby certify that I attended the deceased from over 10 years to \_\_\_\_\_, 19\_\_\_\_  
that I last saw him alive on July 1, 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia -

Due to Cardio-nephritic

Due to Stenosis Arterio Sclerosis

Other conditions none  
(Include pregnancy within 5 months of death)

Major findings: Of operations none

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

(c) Where did injury occur? no  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury 0

23. Signature Quora Carlisle M.D. (M. D. or other)  
Address Sedalia Mo Date signed 7-2-43

Duration 4 days

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

8-6-43

**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 L. E. Beulahin

Licensed Embalmer No. 3867

P. O. Address Seabrook 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.**