. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30937

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3747

1. PLACE OF DEATH:

(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Conley Clinic 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 hours (Specify whether years, months or days)
In this community: 5 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Minnesota (b) County: 999
(c) City or town: Moose Lake 21
(If outside city or town limits, write "RURAL") 0
(d) Street No.:
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 9

3. (a) PRINT FULL NAME: LEONARD RYSER

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: M

5. Color or race: W

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: June (Month) 9 (Day) 1926 (Year)

8. AGE: Years: 17 Months: 2 Days: 20 If less than one day: hr. min.

9. Birthplace: Moose Lake (City, town, or county) Minn. (State or foreign country) 1

10. Usual occupation: High School

11. Industry or business:

MOTHER FATHER

12. Name: Fred Ryser

13. Birthplace: Kansas (City, town, or county) (State or foreign country) 1

14. Maiden name: Clara Hedquist

15. Birthplace: Sweden (City, town, or county) (State or foreign country) 4

16. (a) Informant: Dr. McMurry
(b) Address: Conley Clinic

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 8-29-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Moose Lake, Minn.

18. (a) Signature of funeral director: Freeman Mortuary
(b) Address: 42nd. & Millcreek, K. C., Mo.

19. (a) 8-30-43 (Date received local registrar) (b) D. E. Brown Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: 8 day: 29 year: 1943 hour: 11 PM minute: M.

21. I hereby certify that I attended the deceased from Aug 26 - 1943, 19, to Aug 29, 1943, that I last saw him alive on Aug 29, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Diabetes Mellitus	9 yrs
Due to:	
Due to:	
Other conditions: Anemic (Include pregnancy within 3 months of death)	

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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: 7

23. Signature: David H. Reeder M.D. (M. D. or other)
Address: Kansas City Mo. Date signed: 8-30-1943

(Licensed Embalmer's Statement on Reverse Side)

JAN 19 1953

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.