

FILED JUL 13 1945
Registration District No.

Primary Registration District No.

6096

Registrar's No.

26

1. PLACE OF DEATH:

(a) County Schuyler
(b) City or town Blenwood Township Rural
(c) Name of hospital or institution
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution
In this community all his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Schuyler
(c) City or town Rural
(d) Street No. Blenwood Township
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ANDREW PRESTON RYALS

3. (b) If veteran, name war no 3. (c) Social Security No.

4. Sex Male 5. Color or race White 5. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife Rosa Francis Ryals 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Sept. 10 1864
(Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 2 If less than one day hr. min.

9. Birthplace Schuyler Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER
12. Name John Ryals
13. Birthplace Schuyler Missouri
14. Maiden name Lusina Stitt
15. Birthplace Audwin Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant D. P. Lucien

(b) Address Blenwood Missouri

17. (a) Burial (b) Date thereof June 17 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Clarence W. Justice

(b) Address Blaine Mo.

19. June 14 1944 (b) Cl. Justice
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 44 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 6 1944 to June 12 1944
that I last saw him alive on June 11 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Brain Hemmerage Duration 6

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature D. P. Lucien (M. D. or other) 20

Address Green City Date signed June 20

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

800

RECEIVED

District Health Officer No. 30

District File Number 2-44-13107

Date Filed JUL 12 1944

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. 426
P. O. Address.....
Clarena 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.