

S. No. 2
M-2.43
5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13608

State File No. _____

FILED APR 17 1946

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Jasper
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
107 N. Byers ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 22 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Jasper
(If outside city or town limits, write "RURAL")
(d) Street No. 107 N. Byers ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Charles A Ryberg

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 Married

6. (b) Name of husband or wife Margaret 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 28 - 1880
(Month) (Day) (Year)

8. AGE: Years 65 Months 7 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Wentworth Mo
(City, town, or county) (State or foreign country)

10. Usual occupation labor

11. Industry or business Street Dept

MOTHER FATHER { 12. Name unknown
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Margaret Ryberg

(b) Address 107 N. Byers ave

17. (a) Burial (b) Date thereof 4-1-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cem

18. (a) Signature of funeral director Thambiel Dellow

(b) Address Jasper Mo

19. (a) 4-2-46 (b) Belle Pearson, D.R.
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1946 hour 1 minute 45 P. M.

21. I hereby certify that I attended the deceased from August 1943 to March 30 1946
that I last saw him alive on March 30 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute endo-garditis
Due to Pulmonary tuberculosis
Due to _____

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations None
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) NO
(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?

23. Signature [Signature] Date signed 4/1/46
Address _____

Duration

1 week

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

46-3-298

JUL 6 1948

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... *H. Lee White*

Licensed Embalmer No... *4240*

P. O. Address... *Jasper, 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.