

No. 2  
M-5-43  
5-17-39  
I X36871

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAY 26 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

16592

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

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 654

**1. PLACE OF DEATH:**  
 (a) County Buchanan  
 (b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
604 So. 15th /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community 20 years  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Buchanan /  
 (c) City or town St. Joseph /  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 604 So. 15th /  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Lula C. Ryan  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. None

**MEDICAL CERTIFICATION**  
 20. **DATE OF DEATH:** Month May day 16  
 year 1947 hour 5 minute 10 A.M.

4. Sex Female / 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Charles Ryan  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased November 14, 1864  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 3 1947, to May 16 1947.  
 that I last saw her alive on May 15 1947  
 and that death occurred on the date and hour stated above.

**8. AGE:**

Years	Months	Days	If less than one day
<u>82</u>	<u>6</u>	<u>2</u>	hr. _____ min. _____

Immediate cause of death Carcinoma Metastatic Liver **Duration** 3 mo  
 Due to Ca Gall Bladder **7**

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

Due to \_\_\_\_\_  
 Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

10. Usual occupation at home

11. Industry or business at home

Major findings: None  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

12. Name George B. Chaddock

13. Birthplace Luray County Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Mary A. Price

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

16. (a) Informant G. F. Kellogg  
 (b) Address St. Joseph, Mo.

17. (a) Burial (b) Date thereof 5/17/47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Oregon, Missouri

18. (a) Signature of funeral director Heator - Bowman  
 (b) Address St. Joseph, Mo.  
 19. (a) 5-19-47 (b) E. L. Jenkins  
(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) (e) Means of injury  
 23. Signature Dr. J. J. Fison (M. D. or other) MD  
 Address St. Joseph, Mo. Date signed May 16, 47

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

MOTHER FATHER

MAY 29 1947

Heinrich Bluff

**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..... *Eugene Wood* .....

Licensed Embalmer No. *3804* .....

P. O. Address *3195 10th St. Joseph, 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.**