

FILED JUN 23 1947

Registration District No. \_\_\_\_\_

Primary Registration District No. **3015**

1. PLACE OF DEATH:

(a) County **BRINTON**  
(b) City or town **CAMERON**  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: \_\_\_\_\_  
In this community **65 years**  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME **BORA ANN RYAN**

3. (b) If veteran, name war: \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex **FEMALE** 5. Color or race **WHITE**  
6. (a) Single, widowed, married, divorced **WIDOW**

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

7. Birth date of deceased **APRIL 9 1882**  
(Month) (Day) (Year)

8. AGE: Years **65** Months **1** Days **29**  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **DEKALB CO. MISSOURI**  
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEKEEPER**

11. Industry or business **HOME**

12. Name **JAMES A. SCAMMAGORN**

13. Birthplace **DEKALB CO MISSOURI**  
(City, town, or county) (State or foreign country)

14. Maiden name **MARY JANE THOMPSON**

15. Birthplace **DEKALB CO MISSOURI**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Lelan Ryan**

(b) Address **TRENTON MO.**

17. (a) **BURIAL** (b) Date thereof **6-10-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MT. PLEASANT, DEKALB CO.**

18. (a) Signature of funeral director **DeMoss DRUNK**

(b) Address **CAMERON, MO.**

19. (a) **6-9-47** (b) **Wm. Fred W. Hozer**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **BRINTON**  
(c) City or town **CAMERON**  
(If outside city or town limits, write "RURAL")

(d) Street No. **323 E. 7th St.**  
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **8**  
year **1947** hour **6** minute **00** A.M.

21. I hereby certify that I attended the deceased from **June 5 1947** to **June 8 1947**  
that I last saw her alive on **June 8 1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **3 days**

Due to **Arteriosclerosis**

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 **W. F. Hozer** (M. D. or other) **DO**

Address **Cameron, Mo.** Date signed **6-9-47**

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

MOTHER FATHER

AUG 30 1948

JUL 18 1950

MAY 24 1950

MAY 26 1950

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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 *Geo Mas Cook*

Licensed Embalmer No. *2533*

P. O. Address. *Cameron 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.