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M-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25043

State File No.

FILED JUL 31 1947

Registrar's No. 39

Registration District No. 282

Primary Registration District No. 3055

1. PLACE OF DEATH:

(a) County Polk

(b) City or town Bolivar
(If outside city or town limits, write "RURAL" and name of township)

(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 42 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84

(c) City or town Bolivar /
(If outside city or town limits, write "RURAL")

(d) Street No. /
(If rural, give location) 0

(e) Citizen of foreign country? / (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME Perry Allen Ryan

3. (b) If veteran, name war none

3. (c) Social Security 499-09-4345

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Byrnie K. Ryan 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased June 22 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

66 0 24 hr. min.

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

10. Usual occupation Real Estate Agent

11. Industry or business

12. Name John Allen Ryan

13. Birthplace Cambridge Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Mary Catherine Hillman

15. Birthplace Saline County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Jim Ryan

(b) Address Bolivar, Mo.

17. (a) burial (b) Date thereof July 20, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Turpin Funeral Home

(b) Address Bolivar, Mo.

19. (a) July 24, 1947 (b) Ralph Barden
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
year 1947 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from July 16
1947 to July 16 1947;
that I last saw him alive on July 16 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion 1 hr

Due to

Due to

Other conditions 94A
(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 0

23. Signature Ralph Barden (M. D. or D.O.)
Address Bolivar Date signed 7/17/47

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

MOTHER FATHER

SEP 11 1987

RECEIVED
District Health Officer No. 71
6-47-885
District # 2-30-87
Date filed

MAY

8

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..... *Donald St. Louis*

Licensed Embalmer No. 3053

P. O. Address..... Bolivar, 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.