

No. 2  
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5-17-39  
PI X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED SEP 15 1947**

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

State File No. **28457**  
Registrar's No. **78**

Registration District No. **243**

Primary Registration District No. **3247**

1. PLACE OF DEATH:  
(a) County **NEWTON**  
(b) City or town **NEOSHO**  
(c) Name of hospital or institution:  
**416 E. MCKINNEY ST. 1**  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **MISSOURI** (b) County **NEWTON** **73**  
(c) City or town **NEOSHO** **3**  
(d) Street No. **416 E. MCKINNEY ST.** **2**  
(e) Citizen of foreign country? **No** (Yes or No) **0**  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **HORACE RYARK**  
3. (b) If veteran, name war **NONE** (c) Social Security No. **NONE**  
4. Sex **MALE** Color of **WHITE**  
5. Color of **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**  
6. (b) Name of husband or wife **LYNNE C. RYARK** 6. (c) Age of husband or wife if alive **73** years  
7. Birth date of deceased **FEBRUARY 1 1869**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **AUG** day **15** year **1947** hour **7:05** minute **0** A. M.  
21. I hereby certify that I attended the deceased from **July 15**, 1947, to **Aug 15**, 1947, that I last saw him alive on **Aug 14 - 1947** and that death occurred on the date and hour stated above.  
Immediate cause of death **Cerebral hemorrhage**  
**Senile dementia** - **5** years  
Due to **arterio sclerosis**  
Due to **old patent 2 years**  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy **83A**

8. AGE: Years Months Days If less than one day  
**78** **6** **14** hr. min.

9. Birthplace: **NEOSHO** **MISSOURI**  
(City, town, or county) (State or foreign country)

10. Usual occupation **LAWYER**  
11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name **OZIAS RYARK**  
13. Birthplace **LAWRENCE Co MISSOURI**  
14. Maiden name **Laura V. Rice**  
15. Birthplace **UNKNOWN**

16. (a) Informant **Justin Ryark**  
(b) Address **Neosho Mo.**  
17. (a) **BURIAL** (b) Date thereof **8-18-1947**  
(c) Place: burial or cremation **Neosho 3905**

18. (a) Signature of funeral director **Corley Thompson**  
(b) Address **Neosho Mo.**  
19. (a) **Aug 27, 1947** (b) **Melvin C. Borman**  
(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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury **0**

23. Signature **R. P. Yarnum** (M. D. or other) **0**  
Address **Neosho MO** Date signed **8-18-47**

(Licensed Embalmer's Statement on Reverse Side)

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

3  
3  
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RECEIVED

District Health Officer No. \_\_\_\_\_

District File Number 947-175

Date Filed 9-8-47

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 Corley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho 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.