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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44666**

Registration District No. **376**

Primary Registration District No. **6282**

Registrar's No. **1**

1. PLACE OF DEATH:

(a) County **Wright**
(b) City or town **Norwood**
(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 _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Edith 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 **Married**

6. (b) Name of husband or wife **Arch Ryan** 6. (c) Age of husband or wife if alive **52** years

7. Birth date of deceased **10 3 1900**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	47	2	20	hr. _____ min.

9. Birthplace **West Plains Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Louis W. Heath**

13. Birthplace **Unknown Indiana**
(City, town, or county) (State or foreign country)

14. Maiden name **Henrietta Kackley**

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

16. (a) Informant **Arch Ryan**
(b) Address **Star Route, Norwood, Mo**

17. (a) **Burial** (b) Date thereof **12-25-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Thomas Cemetery**

18. (a) Signature of funeral director **Thomas S. Shaulder**
(b) Address **Box 136, Norwood, Mo.**

19. (a) **1-5-48** (b) **Mrs. A. R. Washburn**
(Date received local registrar) (Registered signatory)
by Mrs. M. R. Barnard

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Douglas 34**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Star Route, Norwood, Mo.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **23**
year **1947** hour **5** minute **15 P.M.**

21. I hereby certify that I attended the deceased from **Jan 5**, 19**48** to **12-23**, 19**47**
that I last saw her alive on **12-23-47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Heart Attack**
Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **50**

Major findings: Of operations _____

Of autopsy _____

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 **[Signature]** (M. D. or other) _____
Address **Norwood Mo** Date signed **1/5/48**

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

MOTHER FATHER

RECEIVED
District Health Officer No. 6
District File Number 148-92
Date Filed JAN 17 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 ~~on~~ ^{XXXX}

working under my personal supervision. _____ Registered Apprentice No. _____

Signed *Thomas A. Shouder*

_____ Licensed Embalmer No. 4317

_____ P. O. Address Box 136, Norwood, 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.