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4-5-43
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33635

FILED OCT 25 1948

State File No. _____

Registration District No. 251

Primary Registration District No. 5859

Registrar's No. 247

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

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Skidmore - rural Monroe
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4 miles NW of Lyle School /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days) 38 years

3. (a) PRINT FULL NAME RUTH SAVANNA CRYDER

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife George T. Cryder

6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased November 8 1858
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>89</u>	<u>10</u>	<u>29</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Leosier Moore

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

14. Maiden name Jane Cook Chappelle

15. Birthplace Morgan Co., Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Jonathan Cryder

(b) Address Skidmore, Missouri

17. (a) burial (b) Date thereof Oct 9, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graham Cemetery

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

(b) Address Maryville, Missouri

19. (a) 10/15/48 (b) Bess Holton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74

(c) City or town Skidmore 5
(If outside city or town limits, write "RURAL") 4

(d) Street No. rural (If rural, give location) 3

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7
year 1948 hour 1 minute 40 A.M.

21. I hereby certify that I attended the deceased from 9/18, 1948, to 10/6, 1948
that I last saw her alive on 10/6, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 10 days

Due to M. Atrial Regurgitation

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 6 2 B

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) 2
(e) Means of injury _____

23. Signature M. P. Sew (M. D. or other) D.O.
Address Maillard, Mo. Date signed 10/8/48

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

John W. Price

Licensed Embalmer No.

4281

P. O. Address

Maryville 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.