

No. 2  
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17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37499

FILED NOV 29 1948  
251

State File No. ....

Registration District No. ....

Primary Registration District No. 3048

Registrar's No. 271

1. PLACE OF DEATH:

(a) County Nodaway  
(b) City or town Maryville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Physician's Bldg. 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 4 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74  
(c) City or town Maryville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 721 West First  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JAMES RYLAND MILNER

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased: Feb. 3 1944  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
4 13 9 hr. min.

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

10. Usual occupation kindergarten pupil

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Ryland Harp Milner

13. Birthplace Stanton Texas  
(City, town, or county) (State or foreign country)

14. Maiden name Lurette Gooden

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

16. (a) Informant Mr. Ryland H. Milner

(b) Address Maryville, Missouri

17. (a) burial (b) Date thereof 11/18/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parnell Cemetery

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

(b) Address Maryville, Missouri

19. (a) 11-20-48 (b) Bess Holt  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16<sup>th</sup>  
year 1948 hour 7 minute 20 P M.

21. I hereby certify that I attended the deceased from not  
attended 1948, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on not seen, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Occipital Fracture of skull  
Due to Automobile Accident Duration 2:07 3 min

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)  
1948

Major findings: no operations PHYSICIAN  
Of operations \_\_\_\_\_  
Of autopsy no autopsy  
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) accident

(b) Date of occurrence Nov 16<sup>th</sup> 1948

(c) Where did injury occur? Maryville Nodaway Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
on street - public place

While at work? no (Specify type of place) (e) Means of injury struck by automobile

23. Signature L.E. Dean - Coroner (M. D. or other) M.D.  
Address Maryville, Mo. Date signed 11-18-48

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

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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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.**