

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

Registration District No. 29

Primary Registration District No. 5039

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Barry  
(b) City or town Rural - Mineral Spring (tw)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
None  
(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 \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry  
(c) City or town Rural, Mineral Spring  
(If outside city or town limits write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME John Ryan 570

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

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

7. Birth date of deceased April 24 1870  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>0</u>	<u>10</u>	hr. _____ min. _____

9. Birthplace Ohio 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer 9

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

12. Name George Ryan 9

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

14. Maiden name Millie Powell 1

15. Birthplace Unknown 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. July Ryan

(b) Address Mineral Springs, Mo.

17. (a) Burial (b) Date thereof May 5 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mineral Sp. Cem.

18. (a) Signature of funeral director Horine-Culver

(b) Address Cassville, Mo.

19. (a) 5-19-40 (b) Scowronek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 3  
year 1940 hour 3:30 p.m. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Jan.  
1940 to May 2, 1940  
that I last saw him alive on May 2 # \_\_\_\_\_, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death suicide

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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? 30

(Specify type of place) \_\_\_\_\_  
While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

28. Signature Henry T. Salzer (M. D. or other) 1

Address Cassville Mo. Date signed May 8

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

**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.....

*J.C. Canada*  
.....  
working under my personal supervision.

....., Registered Apprentice No.....

Signed.....

*H. C. C. C. C.*  
.....  
Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.