

ED JUN 14 1940

Registration District No. **810**

Primary Registration District No. **6055**

Registrar's No. **25**

1. PLACE OF DEATH:

(a) County Scotland Co  
 (b) City or town \_\_\_\_\_  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Rural Jefferson Township  
 (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 Ruffin Ryan 500  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single Married divorced \_\_\_\_\_

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

7. Birth date of deceased June 29 1973  
 (Month) (Day) (Year)

8. AGE: Years  Months  Days  If less than one day  
66 48 29 hr. min.

9. Birthplace Farmont MO (City, town, or county) Polk Co, MO (State or foreign country)

10. Usual occupation Farming

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

MOTHER FATHER  
 { 12. Name Cally Ryan  
 { 13. Birthplace Louisville Ky (City, town, or county) (State or foreign country)  
 { 14. Maiden name Raine  
 { 15. Birthplace Don't know (City, town, or county) (State or foreign country)

16. (a) Informant Geo Baker

(b) Address Memphis MO

17. (a) Burial (b) Date thereof 3/30/40  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodville Cem. Co. Mo

18. (a) Signature of funeral director W. H. Baker

(b) Address Memphis MO  
 19. (a) 5/10/1940 (b) E. E. Parrish  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Scotland  
 (c) City or town Memphis MO  
 (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28  
 year 1940 hour 8 minute 10-0 M.

21. I hereby certify that I attended the deceased from March 27, 1940 to March 28, 1940  
 that I last saw him alive on March 28, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Robert Pneumonia Duration 3-20

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

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

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

PHYSICIAN  
 Major findings: \_\_\_\_\_  
 Of operations: \_\_\_\_\_  
 Of 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) \_\_\_\_\_

(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? 725  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. H. Alexander (M. D. or other) \_\_\_\_\_  
 Address Memphis MO Date signed 5/2/40

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

8002

RECEIVED

District Health Officer No. 10

District File Number: 6-40-1149

Date Filed JUN 7 1940

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

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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 19691

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. 810

Primary Registration District No. 6055

Registrar's No. ....

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

1. PLACE OF DEATH:

(a) County Scotland  
(b) City or town Jefferson  
(c) Name of hospital or institution: outside city or town limits, write "RURAL" and name of township

(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 Ruffus Ryan

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced Don't know

6. (b) Name of husband or wife. 6. (c) Age of husband, or wife, if alive, year

7. Birth date of deceased. June 29 1873  
(Month) (Day) (Year)

8. AGE: Years 66 Months 8 Days 29 If less than one day, min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 2/10-1940 (b) S.E. Parrish  
(Day received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Scotland

(c) City or town (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 28  
year hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19 that I saw him alive on that the death occurred on the date and hour stated above.

Immediate cause of death. Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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) Means of injury

23. Signature W.E. Alexander

Address Memphis, Tenn.

SUPPLEMENTAL

