

13-40
17-39
X23139

Registration District No. 773

Primary Registration District No. 6018A

Registrar's No. 84

FILED JUN 11 1941

1. PLACE OF DEATH:

(a) County. St. Francois
(b) City or town. Near Farmington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 yrs. 3 mo. 19 da
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME WILLIE RYKER

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 Single
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased Jan. 7 1901
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	40	4	13	hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER
12. Name John Ryker
13. Birthplace Lamar / Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Georgia Anna Alvoe
15. Birthplace Louisiana
(City, town, or county) (State or foreign country)

16. (a) Informant Records of State Hosp. #4
(b) Address Farmington, Mo.
17. (a) Burial (b) Date thereof 5-23-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cemetery of State Hosp #4

18. (a) Signature of funeral director Lloyd Neidert
(b) Address Farmington, Mo.
19. (a) May 21-41 (b) T. J. Robinson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott
(c) City or town Chaffee
(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 5 day 20
year 1941 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from 2-12, 1939, to 5-20, 1941
that I last saw him alive on 5-20, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis, bilateral
Duration 1 yr

Due to _____
Due to _____

Other conditions Schizophrenia,
(Include pregnancy within 3 months of death) chronic encephalitis

Major findings: _____
Of operations _____

Of autopsy Fee advanced to both lungs; chronic encephalitis

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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature Paul Schrader (M. D. or other) _____
Address Farmington, Mo. Date signed _____

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

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, fact should be so stated above. *(Not embalmed)*