

FILED MAR 13 1942  
Registration District No. 852

Primary Registration District No. 4518

Registrar's No. ....

1. PLACE OF DEATH:

(a) County SULLIVAN  
(b) City or town MILAN  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 74 Yr. - (Specify whether  
ye ars, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County SULLIVAN  
(c) City or town MILAN  
(If outside city or town limits, write "RURAL")  
(d) Street No.....  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If/yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 10  
year 1942 hour 5 minute 50 P.M.

21. I hereby certify that I attended the deceased from 1939  
Dec 1939, to Feb 9<sup>th</sup> 1942  
that I last saw him alive on Feb 9<sup>th</sup> 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Renal dilatation of right side of heart.  
Due to degeneration of tissue from age.  
Due to Paralysis agitans 7. yrs

Duration

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

Major findings:  
Of operations..... 87C  
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).....  
(e) Means of injury.....  
23. Signature Grace Simmons (M.D. or other) D.O.  
Address Milan Mo. Date signed Feb 12-42

3. (a) PRINT FULL NAME TIMOTHY 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 IMARRIED  
6. (b) Name of husband or wife CORA ELEANOR RYAN 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased FEB 2 1855  
(Month) (Day) (Year)

8. AGE: Years 87 Months 8 Days 8  
If less than one day hr. min.

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

10. Usual occupation RETIRED

11. Industry or business.....

MOTHER FATHER { 12. Name JOHN RYAN  
13. Birthplace 4 IRELAND  
(City, town, or county) (State or foreign country)  
14. Maiden name CATHERINE DWYER  
15. Birthplace 4 IRELAND  
(City, town, or county) (State or foreign country)

16. (a) Informant Catherine Ryan  
(b) Address Milan, Mo

17. (a) Burial (b) Date thereof 2-13-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Mary Cemetery

18. (a) Signature of funeral director Rippen & Son  
(b) Address Milan, Mo

19. (a) Mar 4 1942 (b) Mar R O Green  
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 10

District File Number 10-42-308

Date Filed MAR 10 1942

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.....

Murl E. Husted

Licensed Embalmer 3304

Registered Apprentice No.

working under my personal supervision.

Signed.....

Russell C. Higgins

Licensed Embalmer No. 3792

P. O. Address Melan, 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.