

FILED MAY 12 1942
Registration District No.

Primary Registration District No. 3030

Registrar's No. 22

1. PLACE OF DEATH:

(a) County. MISSISSIPPI
(b) City or town. CHARLESTON
(c) Name of hospital or institution: 323 E. COMMERCIAL
(d) Length of stay: In hospital or institution. 45 YEARS
In this community. 45 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State. MISSOURI (b) County. MISSISSIPPI
(c) City or town. CHARLESTON
(d) Street No. 323 E. COMMERCIAL
(e) Citizen of foreign country? No
If yes, name country. NONE

3. (a) PRINT FULL NAME BELLE PHILLIPS RYNEARSON

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

4. Sex. FEMALE
5. Color or race. WHITE
6. (a) Single, widowed, married, divorced. WIDOWED

6. (b) Name of husband or wife. JAMES L. RYNEARSON
6. (c) Age of husband or wife if alive. 25 years

7. Birth date of deceased. JUNE 1st 1868

8. AGE: Years 73, Months 9, Days 8

9. Birthplace. COVINGTON, KENTUCKY

10. Usual occupation. AT HOME

11. Industry or business.

12. Name. CHARLES PHILLIPS

13. Birthplace. BRANDENBURG KENTUCKY

14. Maiden name. CARRIE DAVIDSON

15. Birthplace. BRANDENBURG KENTUCKY

16. (a) Informant. MRS JOE H. MOORE

(b) Address. CHARLESTON, MO

17. (a) BURIAL & REMOVAL (b) Date thereof. 3-12-1942

(c) Place: burial or cremation. ELMWOOD, ILLINOIS

18. (a) Signature of funeral director.

(b) Address. Charleston, Missouri

19. (a) 3-16-42 (b) F. J. Vernon

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 8th year 1942 hour 10 minute P M.

21. I hereby certify that I attended the deceased from No DOCTOR ATTENDED

that I last saw h. alive on. and that death occurred on the one and hour stated above.

Immediate cause of death. Apoplexy

Due to. Hypotension

Due to.

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

Major findings: Of operations. 830

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?

23. Signature. J. J. Shelby, M.D. Address. Charleston, Mo. Date signed. 3-9-42

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

MOTHER FATHER

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

RECEIVED

District Health Office No. 2,

District File Number 442-493

Date Filed 4-13-42

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.....

*Embalmed in Illinois
by Victor A. Karcher, Cairo.*

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.