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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

38320

State File No.

FILED DEC 10 1943

Registration District No. 7 Primary Registration District No. 3023 Registrar's No. 214

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Clinton General Hospt
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

In this community 2 months

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Okla (b) County Wagoner Co

(c) City or town Wagoner Okla 32
(If outside city or town limits, write "RURAL")

(d) Street No. 610 S Orchard O
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 2

3. (a) PRINT FULL NAME CECIL THEODORE RYLES

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 Sing

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 12 (Day) 1943 (Year)

8. AGE: Years | Months 5 | Days 25 | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name CECIL RYLES
13. Birthplace Okla (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Hart
15. Birthplace Clinton Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs CECIL Ryles
(b) Address Clinton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-9-43 (Month) (Day) (Year)
(c) Place: burial or cremation Fields Creek

18. (a) Signature of funeral director Consolus & Beck
(b) Address Clinton Mo

19. November 9, 1943 (Date received local registrar) Georgia Kitchen (Registrar's signature)

106 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 7 year 1943 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from 11-6-43, 19..., to 11-7, 1943 that I last saw he alive on on 11-7, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Gastro-enteritis — Duration 10 dy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H Swalter D (M. D. or other) M.D.

Address Clinton Mo Date signed 11-8-43

RECEIVED
District Health Officer No. 7,
District File Number 11-43-1348
Date Filed 12-9-43

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 J. E. Consolver

Licensed Embalmer No. 1891

P. O. Address Clinton 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.