V. S. No. 2
00M—8-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 10 1944

Registration District No. 275

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. ~~3053~~ 5942

State File No. 25459

Registrar's No. 94

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town Rural – Rolla Twp (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 1 (Specify whether

In this community 10 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps 81

(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. Hobson Star Rt. 11 Mi. E. of Rolla (If rural, give location)

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

If yes, name country U

3. (a) PRINT FULL NAME Edward B. Ryce

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Leona Ryce

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

7. Birth date of deceased Jan. (Month) 27 (Day) 1875 (Year)

8. AGE: Years 69 Months 5 Days 23 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Henry B Ryce
13. Birthplace At Sea (City, town, or county) 8 (State or foreign country)

MOTHER
14. Maiden name Mary Kurtz
15. Birthplace Williamsburg (City, town, or county) Va. 1 (State or foreign country)

16. (a) Informant Mrs Leona Ryce

(b) Address Rolla, MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-23-44 (Month) (Day) (Year)

(c) Place: burial or cremation Rolla Cemetery

18. (a) Signature of funeral director Alfred T. Smith

(b) Address Rolla, MO

19. (a) 7/22/1944 (Date received local registrar) (b) [signature] (Registrar's signature)

7-22-1944 JUG 2 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1944 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 1st, 1944 to July 20, 1944 that I last saw him alive on July 1st, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	Instant
Due to	
Due to	
Other conditions Hypertension (Include pregnancy within 3 months of death)	5 yrs?

Major findings:
Of operations
Of autopsy

83a

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 E. E. Ferrid M.D. (M. D. or other)

Address Box 534 Rolla Mo Date signed 7-22-44

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 [illegible]

Licensed Embalmer No. 3643

P. O. Address Cuba, 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.