

No. 2  
4-2-43  
5-17-39  
X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34413

State File No. ....

FILED OCT 29 1945

Registration District No. 289 Primary Registration District No. 5982 Registrar's No. ....

1. PLACE OF DEATH:  
(a) County Saline  
(b) City or town Halfway (Rural) (Mower)  
(c) Name of hospital or institution:  
8 miles south of Halfway  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: in hospital or institution \_\_\_\_\_ (Specify whether)  
In this community life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Lack 87  
(c) City or town Halfway, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8 miles south of Halfway  
(If rural, give locality)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country none

3. (a) PRINT FULL NAME Cordelia Rymer  
3. (b) If veteran, name war None 3(c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct day 1  
year 1945 hour 6:15 minute a. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Robert Rymer 6. (c) Age of husband or wife if alive Deceased  
7. Birth date of deceased Jan 16, 1867  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 21, 1945 to Oct 1, 1945  
that I last saw her alive on Sept 30, 1945  
and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 8 Days 15 If less than one day hr. \_\_\_ min. \_\_\_

Immediate cause of death acute heart failure  
Due to chronic myocarditis

9. Birthplace Pleasant Hope Missouri  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations \_\_\_\_\_  
Of autopsy 920

10. Usual occupation House keeper

11. Industry or business House work

MOTHER FATHER  
12. Name Robert Burns  
13. Birthplace Tenn  
(City, town, or county) (State or foreign country)  
14. Maiden name Myra Brown  
15. Birthplace Tenn  
(City, town, or county) (State or foreign country)

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) (e) Means of injury \_\_\_\_\_

16. (a) Informant Mrs. Edgar Rymer

(b) Address Halfway, Mo.

17. (a) Burial (b) Date thereat Oct 3, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hope Cemetery

18. (a) Signature of funeral director W. H. Brown

(b) Address Pleasant Hope Mo.

19. (a) Oct 10, 1945 (b) B. M. Burns  
(Date received local registrar) (Registrar's signature)

23. Signature Don Miller (M. D. or other)  
Address Salina Mo. Date signed \_\_\_\_\_

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

1629

**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 William B. Erwin

Licensed Embalmer No. 3092

P. O. Address. Balvian, 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.