

No. 2
12-45
17-39
X47070

State File No. _____

FILED FEB 13 1948

Registration District No. 291

Primary Registration District No. 5992

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Putnam

(b) City or town Rural Lincoln
(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 Fifty years
(Specify whether in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam

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

(d) Street No. Lincoln Township
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME Louetta Ryals

3. (b) If veteran, name war ##

3. (c) Social Security No. ##

4. Sex F

5. Color or race W

6. (a) Single widowed married divorced

6. (b) Name of husband or wife ###

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

7. Birth date of deceased 11 28 1876
(Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days 19
If less than one day hr. _____ min. _____

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

10. Usual occupation None

11. Industry or business _____

12. Name James Ryals

13. Birthplace Missouri
(State or foreign country)

14. Maiden name Sarah Bishop

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ollie Ryals

(b) Address Unionville, R. 6

17. (a) Burial (b) Date thereof 1-18-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mendota Ceme.

18. (a) Signature of funeral director Husted & Son

(b) Address Unionville, Mo.

19. (a) 2-2-48 (b) Marvell Durbin
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Jan. day 17 year 1948 hour 2.15 minute 8 M.

MEDICAL CERTIFICATION:

20. DATE OF DEATH: Month Jan. day 17 year 1948 hour 2.15 minute 8 M.

21. I hereby certify that I attended the deceased from Jan 2 1948, to Jan 17 1948
that I last saw her alive on Jan 17 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Perforation of stomach Duration 12 hours

Due to: possible chronic gastric ulcer years _____

Due to: _____

Other conditions: Chronic hyperthrophic pyloric stenosis

Major findings: Chronic pyloric stenosis

Of operations: _____

Of autopsy: 1179

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 injury) _____ Means of injury _____

23. Signature Chas L. Ladd (M. D. or other) DO

Address Unionville, Mo. Date signed 1-18-48

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

RECEIVED
District Health Officer No. 10
District File Number 2-48-300
FEB 11 1948
Date Filed

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 F. O. Husted
Licensed Embalmer No. 2975
P. O. Address Unionville

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.