

No. 2
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5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32013**

FILED NOV 5 1948

Registration District No. **27**

Primary Registration District No. **4045**

Registrar's No. **22**

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Ashland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 Boone
(c) City or town Ashland
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lloyd Lee Rybolt

3. (b) If veteran, name war _____ 3. (c) Social Security No. 489-16-1433

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Myrtle M. Rybolt
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased. Mar 17 1895
(Month) (Day) (Year)

8. AGE: Years 53 Months 7 Days 10
If less than one day _____ hr. _____ min.

9. Birthplace Missouri
(State or county) (State or foreign country)

10. Usual occupation Monument Light Co.

11. Industry or business _____

MOTHER FATHER

12. Name Jasper Rybolt
13. Birthplace Ind. 1
(City, town, or county) (State or foreign country)
14. Maiden name Rebecca Jane Daly
15. Birthplace Mo. D
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond E. Rybolt
(b) Address Columbia Mo

17. (a) Burial (b) Date thereof 10-30-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT, Pleasant Cemetery

18. (a) Signature of funeral director W. B. Bennett
(b) Address Ashland

19. (a) 10-29-48 (b) Mrs. Mildred Burnett
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 27
year 1948 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from Oct 27, 1948 to Oct 27, 1948; that I last saw him alive on Oct 27, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations g.H.C.
Of autopsy _____

Duration _____
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 place) (c) Means of injury D

23. Signature H. B. Poyer (M. D. or other) _____
Address Ashland, Mo Date signed 10-29-48

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

RECEIVED
District Health Officer No. 9,
District File Number 700-4 1948
Date Filed Nov. 4 1948

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 W. J. Burnett
Licensed Embalmer No. 3564
P. O. Address Ashland, N.C.

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.