

STANDARD CERTIFICATE OF DEATH

State File No. 42544

National Office of Vital Statistics

FILED FEB 7 1948-4-195

Primary Registration District No. 195-5714

Registrar's No. 2

1. PLACE OF DEATH:

(a) County: Missouri

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

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Missouri

(c) City or town: Faragau
(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: Charles Edward Ryan

3. (b) If veteran name war: None

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3rd year 1948 hour 11 minute 05 a.m.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw h_____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion

4. Sex: M Color or race: W

5. (a) Single, widowed, married, divorced: M

6. (b) Name of husband or wife: Ellen Ryan

6. (c) Age of husband or wife if alive: 36 years

7. Birth date of deceased: (Month) Apr (Day) 22 (Year) 1875

Due to _____, 19____, to _____, 19____, that I last saw h_____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Duration _____

8. AGE: Years 73 Months 7 Days 25 If less than one day hr. _____ min. _____

9. Birthplace: St. Joseph, Mo.
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death): None

10. Usual occupation: Merchant

11. Industry or business: Same

MOTHER FATHER

12. Name: Charles W. Ryan

13. Birthplace: Faragau, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name: Elizabeth Green

15. Birthplace: St. Joseph, Mo.
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations: _____

Of autopsy: None

PHYSICIAN _____
Underline the cause of which death should be charged statistically.

16. (a) Informant: Chas W Ryan

(b) Address: Burdick Kans.

17. (a) Removed (b) Date thereof: 12-4-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: St. Joseph, Mo.

18. (a) Signature of funeral director: W. M. Humphrey

(b) Address: Faragau, Mo.

19. (a) 1-29-49 (b) Mrs. B.E. Bradley
(Date received local registrar) (Registrar's signature) 1948

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: Car

23. Signature: W. M. Humphrey (M.D. or other) _____

Address: Faragau, Mo. Date signed: 12-6-48

RECEIVED
District Health Officer No. 6,
District File Number 249-161
Date Filed 2-4-49

FEB 11 1953

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 R M Humphrey, Jr., Registered Apprentice No. 285 working under my personal supervision.

Signed Mayne E Humphrey
Licensed Embalmer No. 4262
P. O. Address Princeton, N.J.

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.