

49
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5579 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>DeKalb</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mineral 11</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph 11</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jasper 609 Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>705 Robideaux 1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>George Franklin</u> b. (Middle) <u>Ryan</u> c. (Last) <u>Ryan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 22 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single 11</u>	8. DATE OF BIRTH <u>4/23/1880</u>
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>09</u>	IF UNDER 24 Hrs Hours <u>00</u> Min. <u>00</u>
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>rent + clothing repair</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Repair</u>	11. BIRTHPLACE (State or foreign country) <u>Kansas City Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Calvin Ryan</u>	
13b. MOTHER'S MAIDEN NAME <u>Ellen Campbell</u>		14. NAME OF HUSBAND OR WIFE <u>Recorder</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Recorder</u>		ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Pulmonary Tuberculosis</u> - ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>DD 21</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>11/4</u> , 19 <u>48</u> , to <u>3/22</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3/22</u> , 19 <u>49</u> , and that death occurred at <u>7:30</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Jessie E. D. Engleau M.D.</u>		23b. ADDRESS <u>Stett City Mo</u>	
23c. DATE SIGNED <u>3/23/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/25/49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Webb City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Webb City Mo</u>	
DATE REC'D BY LOCAL REG. <u>MCH 4, 1949</u>		REGISTRAR'S SIGNATURE <u>W. L. Sulthett</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>W. L. Sulthett</u>		ADDRESS <u>Webb City Mo</u>	

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Leonard J. Lewis 2.

Licensed Embalmer No. 4561

P. O. Address Webb City, 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.