

No. 2
4-13-40
5-17-39
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FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1473

State File No. _____

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 433

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
2523 Alma
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

(d) Street No. 2523 Alma
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME STEPHEN J. RYAN

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Anna May

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

7. Birth date of deceased May 4 - 1864
(Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days 19

If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Mr. Allerlage

(b) Address 2523 Alma

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 30/41
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director [Signature]

(b) Address 12 E. 10th

19. (a) Jan 29 1941 (Date received local registrar)

(b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day 1-23-41 year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him/her alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic heart disease

Due to Chronic aortic valvulitis

Due to stenosis and hypertrophy of the heart

Other conditions (Include pregnancy within 3 months of death) heart

Major findings: _____

Of operations _____

Of autopsy l

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)

23. Signature [Signature] (M. D. or other) _____

Address K. C. Mo. Date signed _____

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

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.....

John B. Lutz

Licensed Embalmer No.

3754

P. O. Address.....

KLMo

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.