No. 2
1-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30842

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 3600

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: Ambassador Hotel 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 5 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 49

(c) City or town Kansas City, Mo. 3
(If outside city or town limits, write "RURAL")

(d) Street No. Ambassador Hotel
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John Samuel Ryland

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex NO

5. Color or race W

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

6. (b) Name of husband or wife Madlin Ryland

6. (c) Age of ~~husband~~ or wife if alive 63 years

7. Birth date of deceased 8 (Month) - 7 (Day) - 1878 (Year)

8. AGE: Years 63 ~~62~~ Months 2 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name M. Cass Ryland
13. Birthplace Virginia 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Evelyn V. Beall
15. Birthplace Maryland 1
(City, town, or county) (State or foreign country)

16. (a) Informant Madlin Ryland
(b) Address Ambassador Hotel

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof 9/27/41 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Mt. Washington

18. (a) Signature of funeral director Stine - McClure
(b) Address Kans. City, Mo.

19. (a) 9/27/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day ~~26~~ 25th
year 1941 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug, 1936, to Sept 26th, 1941;
that I last saw him alive on Sept 25th, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Hypertension

Due to

Other conditions
(Include pregnancy within 3 months of death) 94a

Major findings:
Of operations

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature George C. Lee (M. D. ~~or other~~)
Address 1630 Prof Bldg Date signed 9/26/41

(Licensed Embalmer's Statement on Reverse Side)

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply v the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Jackson }

State File No.
Local Registrar's No. 3600

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 22 day of October, 1941, before me appears Mrs Madeleine M. Ryland, who, upon her oath, states that the original record of birth / death for John Samuel Ryland, died / born August 7th 1879, 19, in the State of Missouri, and which was filed at Kansas City on 9-27-1941 19, should be corrected as follows:

Item No. 7 should read August 7, 1878
Instead of August 7, 1879

Item No. 8 should read 63 years - 1 month - 19 days
Instead of 62 years--1 month-- 19 days

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Madeleine M Ryland
wife
Relationship.

Ambassador Hotel, 3560 Broadway
Present Address. K.C. Mo.

Subscribed and sworn to before me this 22 day of October, 1941

My Commission expires Sept. 27, 1943 Dorothy F. Rutthoff Notary Public

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
11-28-40
X25048

1941
S-30842