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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1410

Registration District No. 395

Primary Registration District No. 1002

Registrar's No. 34

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: 107 West 34th Street 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 7 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town ~~107 West 34th St~~ Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 107 West. 34 St
(If rural, give location)

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

3. (a) PRINT FULL NAME William J. Ryan

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Mary Ryan

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

7. Birth date of deceased Sept. 21, 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	3	13	..... hr. ..... min.

9. Birthplace New York City, 1 New York
(City, town, or county) (State or foreign country)

10. Usual occupation Farm Superintendent, Retired

11. Industry or business U.S. Prison, Leavenworth, Ks.

FATHER
12. Name unknown
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown 7
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Mary Ryan
(b) Address 107 West 34th, Kansas City, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan 4, 1942
(Month) (Day) (Year)
(c) Place: burial or cremation Leavenworth Kansas.

18. (a) Signature of funeral director J. C. Davis Und. Co.
(b) Address Leavenworth Kansas by Gilbert T. McClure, Mgr.

19. (a) 1-4-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4th
year 1942 hour 5:00 minute P M.

21. I hereby certify that I attended the deceased from Dec 1 - 1941, to Jan - 4 - 1942,
that I last saw him alive on Jan 4 - 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death Internal Hemorrhage

Due to Gun Vent wound - left Lung -

Due to

Other conditions
(Include pregnancy within 3 months of death)

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: Suicide
(a) Accident, suicide, or homicide (specify) Gun Vent Wound
(b) Date of occurrence Jan. 3 - 42 -
(c) Where did injury occur? Kan. City (City or town) (County) (State) mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
(Specify type of place)
While at work? (e) Means of injury

23. Signature C D Cantrell (M. D. ~~or other~~)
Address 636 Argyle Blvd Date signed 1-4-42

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 1 X19511

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.