

Registration District No. 149

Primary Registration District No. 1002

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

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: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Hours (Specify whether _____)
In this community Lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED: 48
(a) State Missouri (b) County Jackson 3
(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. 3424 Chestnut Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Mrs. Dorothy Davis Ryan
3. (b) If veteran, name war No
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 11th
year 1942 hour 6 minute _____ P. M.
21. I hereby certify that I attended the deceased from Nov 11
four to six days 1942 to Nov 11 1942
that I last saw him alive on Nov 11 1942
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mr. Carl S. Ryan
6. (c) Age of husband or wife if alive 26 years
7. Birth date of deceased March 5 1923
(Month) (Day) (Year)

Immediate cause of death
Diabetes Mellitus
Duration Don't know

8. AGE: Years Months Days If less than one day
19 8 6 hr. min.

Due to _____
Due to _____
61

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

10. Usual occupation Housewife

11. Industry or business At Home

12. Name George L. Davis

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

14. Maiden name Ethel Sprague

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

16. (a) Informant Mr. Carl S. Ryan

(b) Address 3424 Chestnut Avenue

17. (a) Burial (b) Date thereof Nov. 14, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial of cremation Mount Moriah Cemetery

18. (a) Signature of funeral director O. H. Newcomer, Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 11-13-42 (b) M. M. Brown
(Data received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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) (e) Means of injury _____

23. Signature J. E. Ball (M. D. or other) _____

Address 1102 E 47 Date signed 11/12/42

Final Embler Body

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 *J. Virgil Herrick*
Licensed Embalmer No. *3599*
P. O. Address *KC 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.