

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43396
State File No. _____
Registrar's No. **1834**

Registration District No. **149** Primary Registration District No. **1002**

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 wks.**
In this community **38 years**
(Specify whether 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. **2621 Brighton**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mrs Mary Ryan**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **16th.**
year **1943** hour **9.30 P.M.**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced, **Widow**
6. (b) Name of husband or wife **Edward Ryan**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **May 1 1887**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **April 8 - 1943** to **April 16, 1943**
that I last saw her alive on **April 16 - 1943**
and that death occurred on the date and hour stated above.

8. AGE: Years **55** Months **11** Days **15**
If less than one day hr. _____ min.

Immediate cause of death **Myocardial Insufficiency Hypo-static Inflammation**
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace **Limerick City, Ireland**
(City, town, or county) (State or foreign country)
10. Usual occupation **At Home**

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name **James O'Farrell**
13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)
14. Maiden name **Annie Herbert**
15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant **Mrs Harry B. Butler**
(b) Address **2621 Brighton**
17. (a) **Burial** (b) Date thereof **April 19, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St. Mary's**
18. (a) Signature of funeral director **Thos. E. Quirk Funeral Home**
(b) Address **4316 Troost Ave.**
19. (a) **4-17-43** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

23. Signature **J. M. Montgomery** (M. D. or other)
Address **1332 Prof. Bldg.** Date signed **4/17/43**

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.....

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, fact should be so stated above.