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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41711

FILED JAN 5 1943

Registration District No. 1

Primary Registration District No. 1000

Registrar's No. 1373

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 2018 Francis St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month (Specify whether years, months or days) In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 2018 Francis St. (If rural, give location)

(e) Citizen of foreign country? None (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Thomas Ryan

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased February (Month) 22, (Day) 1870 (Year)

8. AGE: Years 76 Months 9 Days 21 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Self

FATHER
12. Name Michel Ryan
13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Conroy
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Josephine Boller (Niece)

(b) Address 714 So. 11th St., City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/16/43 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director John E. Kuff

(b) Address 6054 Pryor Ave., City

19. (a) 12-16-43 (Date received local registrar) (b) Rae Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month December day 13, year 1943 hour 11 minute 50A.M.

21. I hereby certify that I attended the deceased from 10-22, 1943, to Dec. 13, 1943; that I last saw him alive on Dec. 12, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic Pneumonia	3 days
Due to Chronic Endo + Myocarditis	18 mo.
Due to Lobar Pneumonia	18 months ago

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

108

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 E. J. Gross (M. D. or other) DDS

Address 5008 King Hill Date signed 12-14-43

(Licensed Embalmer's Statement on Reverse Side) St. Joseph, 45, Mo.

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 E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.