

FILED MAR 19 1945  
779

State File No. ....

Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 933

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

1. PLACE OF DEATH: Jackson, Kansas City, St. Joseph Hospital  
 (a) County: Jackson, Kansas City  
 (b) City or town: Kansas City  
 (c) Name of hospital or institution: St. Joseph Hospital  
 (d) Length of stay: In hospital or institution 4 days since 1938  
 In this community since 1938

2. USUAL RESIDENCE OF DECEASED: Missouri Jackson, Kansas City, Ambassador Hotel  
 (a) State: Missouri (b) County: Jackson  
 (c) City or town: Kansas City  
 (d) Street No.: Ambassador Hotel  
 (e) Citizen of foreign country? no.

3. (a) PRINT FULL NAME Mrs. Madeline Ryland  
 3. (b) If veteran, name war no.  
 3. (c) Social Security No. no.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month February day 23rd year 1945 hour 11:00 minute A. M.

4. Sex Female  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife J. Sam Ryland  
 6. (c) Age of husband or wife if alive dec. years 1872  
 7. Birth date of deceased March 4 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-11 1944 to 2-23 1945; that I last saw her alive on Feb. 23 1945; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	72	11	19	hr. min.

Immediate cause of death Chronic myocarditis

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

Due to Edema of the brain

10. Usual occupation at home

Due to

11. Industry or business x

Other conditions (Include pregnancy within 3 months of death)

MOTHER FATHER  
 12. Name Meegan  
 13. Birthplace unknown  
 14. Maiden name unknown  
 15. Birthplace unknown

Major findings: Of operations

16. (a) Informant Mrs. Eben O. Porch  
 (b) Address 6216 Shawnee Mission Rd., K.C., K  
 Burial  
 17. (a) (b) Date thereof 2-27-45  
 (c) Place: burial or cremation Mt. Washington Cemetery

Of autopsy Chronic myocarditis and edema of the brain.

18. (a) Signature of funeral director Stine & McClure  
 (b) Address 3235 Gillham Plaza, K. C., Mo.  
 19. (a) 2-26-45 (b) N. C. Brown

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?  
 (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 D. M. Brown M.D. or other  
 Address: 925 Argyle Bldg. K. C., MO Date signed

Duration  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

Dr. Negro

11 April  
Copper Body

APR 9 1948

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. Plouck

Licensed Embalmer No. 1848

P. O. Address T.C. 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.**