

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20492  
2476

State File No.  
Registrar's No.

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: 5049 Wornall  
(d) Length of stay: In hospital or institution Life  
In this community Life

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

3. (a) PRINT FULL NAME ELIZABETH K. RYLAND  
(b) If veteran, name war. NO  
(c) Social Security No. NO

20. DATE OF DEATH: Month 6 day 2 year 1946 hour 10 minute 12 A.M.

4. Sex F. I. 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed  
(b) Name of husband or wife Isaac K. Ryland 6. (c) Age of husband or wife if alive 8-5-1864  
7. Birth date of deceased (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 1946 to 6-2-1946 that I last saw h. alive on 6-2-1946 and that death occurred on the date and hour stated above.

8. AGE: Years 81 Months 9 Days 27 If less than one day hr. min.  
9. Birthplace Mo. (City, town, or county) (State or foreign country)  
10. Usual occupation At home

Immediate cause of death Congestive heart failure  
Due to hypertension  
Due to coronary disease  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations: aya  
Of autopsy: -

MOTHER FATHER  
11. Industry or business  
12. Name Wm. Knickerbocker  
13. Birthplace N.Y.  
14. Maiden name E. Major  
15. Birthplace Mo.

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?

16. (a) Informant Robert Ryland  
(b) Address 722 1/2 Wornall, K.C., Mo.  
17. (a) Burial (b) Date thereof 6/5/46  
(c) Place: burial or cremation Mt. Washington Cem.  
18. (a) Signature of funeral director Arthur W. Clark  
(b) Address Kansas City, Mo.  
19. (a) 6-4-46 (b) Steradine Holmes

23. Signature M. Beach (M. D. or other) Date signed 6/3/46  
Address I.C. Mo.

19364  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

