

FILED DECEMBER 10 1946

Division of Vital Statistics, State of Mo.

Registrar's No. 156-2001

1. PLACE OF DEATH:
 (a) County Gasper
 (b) City or township Joplin
 (c) Name of hospital or institution: St. Johns Hospital
 (If not in hospital or institution write street number or location)
 (d) Length of stay: In hospital or institution 30 days
 (Specify whether
 In this community many years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Kansas (b) County Cherokee
 (c) City or town Salena
 (If outside city or town limits, write RURAL)
 (d) Street No. R.F.D. #1
 (If rural give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3 (a) FULL NAME Josephine Ryan
 3 (b) If veteran, name war _____
 3 (c) Social Security No. _____

4. Sex Female
 5. Color of race white
 6 (a) Single, widowed, married, divorced Widowed
 6 (b) Name of husband or wife _____
 6 (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 11 1874
 (Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 16
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Own Home

11. Industry or business Home work

12. Name William Shaw

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

14. Maiden name Temmy Welch

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

16 (a) Informant's own signature Mrs. Virginia Newark

(b) Address Salena, Kansas

17 (a) Removal (b) Date thereof 10-27-46
 (Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation See Chest Salena

18 (a) Signature of funeral director Hoehns-Wene

(b) Address Salena, Kansas

19 (a) 10-31-46 (b) Ed Janner
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month 10 day 27
 year 46 hour 12 minute 20 Am
 21. I hereby certify that I attended the deceased from _____
 _____, 1946, to 10-27, 1946.
 that I last saw him alive on 10-27, 1946.

and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial failure

Due to Acute cardiac decompensation

Due to Hypertensive heart disease

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

DURATION	PHYSICIAN
<u>Inst.</u>	Underline the cause to which death should be charged statistically.
<u>5 hrs</u>	
<u>5 yrs</u>	

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 Robert B. Stutz (M. D. or other M.D.)
 Address 600 E. Main, Salena, Kas. Date signed 10-28-46

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PUBLIC RECORD. Every item of information fully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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5



2-42-50M

19-2744-s

MOTHER }
FATHER }

46-11-966

Hodkins - Wene Funeral Home

Embalmers By J Lane W

#2880 Missouri

Route 1/2 Sps Dan