No. 2
-1/47
3-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21177

FILED JUL 14 1947

Registration District No. ____ Primary Registration District No. 1002 Registrar's No. 2858

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: 2102 LINWOOD BLVD. 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 38 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: JACKSON 48
(c) City or town: KANSAS CITY (If outside city or town limits, write "RURAL") 3
(d) Street No. 2102 LINWOOD BLVD (If rural, give location) 8
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: JOHN EDWARD RYAN
3. (b) If veteran, name war: NO
3. (c) Social Security No.: NONE

4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: HAZEL SEXTON RYAN
6. (c) Age of husband or wife if alive: 53 years
7. Birth date of deceased: APRIL (Month) 8 (Day) 1891 (Year)

8. AGE: Years 56 Months 2 Days ~~25~~ 24 If less than one day ____ hr. ____ min.

9. Birthplace: BRAIDWOOD (City, town, or county) ILLINOIS (State or foreign country)
10. Usual occupation: OWNER
11. Industry or business: COOPERATIVE ROOFING COMPANY

FATHER
12. Name: W. D. RYAN
13. Birthplace: JOLIET (City, town, or county) ILLINOIS (State or foreign country)

MOTHER
14. Maiden name: ALICE KELLY
15. Birthplace: ENGLAND (City, town, or county) (State or foreign country)

16. (a) Informant: MRS. ALICE McGRATH
(b) Address: 5433 WORNALL ROAD, K.C. MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-5-47 (Month) (Day) (Year)
(c) Place: burial or cremation: CALVARY CEMETERY
18. (a) Signature of funeral director: D. H. Neuroneris Sons
(b) Address: 2401 Brush Creek Blvd.
19. (a) 7-4-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 3RD year 1947 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept-1-1946, 19..., to July 3, 1947, that I last saw him alive on July 3, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	12 hr.
Due to: Chronic Coronary heart disease	12 yr.
Due to:	
Other conditions (Include pregnancy within 3 months of death): Hypertension	2 yrs
Chronic Cardiac Failure	6 mo.

Major findings:
Of operations: —
Of autopsy: yes

PHYSICIAN: Underline the cause of 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: F. C. Lowar (M. D. or other)
Address: 1103 Grand Date signed: July 3-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Melvin Miller

Licensed Embalmer No. 4407

P. O. Address K.C. 3, 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.