

No. 2  
-1747  
5-17-39

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

24358

FILED AUG 7 1947

State File No. ....

3135

Registrar's No. ....

Registration District No. .... 1.1.1

Primary Registration District No. .... 1.002

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: **2918 Tracy - Catherine Hale Home**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: **2 Yrs. 2 Mo. 14 Days**  
(Specify whether years, months or days)

In this community: **(46 Years)**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")

(d) Street No. **2918 Tracy Avenue**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME **MRS. LULU RYER**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Female** / 5. Color or race **White**

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

6. (b) Name of husband or wife **William H. Ryer**

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

7. Birth date of deceased **August 17th. 1871**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>75</b>	<b>11</b>	<b>6</b>	hr. min.

9. Birthplace **Springfield Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business.....

12. Name **Unknown**

13. Birthplace **Unknown** 9  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown** 9  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Gerald Ryer**

(b) Address **4432 Mill Creek**

17. (a) **Burial** (b) Date thereof **7 - 25 - 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Moriah Cemetery**

18. (a) Signature of funeral director **Freeman Mortuary & Chapel**

(b) Address **104 West 42nd. St. Kansas City, Mo.**

19. (a) **7-25-47** (b) **Heraldina Holmes**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **23rd.**  
year **1947** hour minute M.

21. I hereby certify that I attended the deceased from **July 22**, 19**47**, to **July 23**, 19**47**;  
that I last saw her alive on **July 22**, 19**47**;  
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death

**acute myocardial infarction** 1 day

Due to **Coronary thrombosis** 1 day

Due to **Coronary artery disease** unknown

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

PHYSICIAN

Major findings: Of operations **g/a**

Of autopsy **✓**

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 **7-25-47**

(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? **✓** Means of injury **g/a**

23. Signature **R.F. Steffen** (M. D. **g/a**)

Address **1220 Prof. Bldg.** Date signed **7-25-47**

R.C.Mo

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

MOTHER FATHER

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 *Phillie H. Bennett*

Licensed Embalmer No. *4438*

P. O. Address *K. 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.

4438-344  
K.C. - Mo.  
4438-344