S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 23 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31424

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3902

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: 301 West Armour Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 83 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 301 West Armour 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MISS ANN JANE RYAN
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 Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct 6 1863 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
83	11	4	hr. min.

9. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name Richard Tyan
13. Birthplace Ireland (City, town, or county) (State or foreign country) 4
MOTHER
14. Maiden name Catherine Mullin
15. Birthplace Ireland (City, town, or county) (State or foreign country) 4
16. (a) Informant Miss Catherine Ryan
(b) Address 301 West Armour Blvd
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/13/47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery
18. (a) Signature of funeral director Fuurk & Tobin Co
(b) Address 20 West Linwood
19. (a) 9-12-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10th day Sept year 1947 hour 9:30 minute P M.
21. I hereby certify that I attended the deceased from 1930, 19..., to 9-10, 947, 19...; that I last saw her alive on Sept 10, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardosis	4 yr.
Due to Arteriosclerosis	3 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 9 30	
Of autopsy	

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 0
23. Signature John Skinner MD (M. D. or other)
Address 1402 Bryant Bldg Date signed 9/12/47

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 Howard W. Farmer

Licensed Embalmer No. 4134

P. O. Address Kansas City 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.