S. No. 2
M—1/47
r. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 9 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38400

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4922

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

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: MENORAH HOSPITAL (If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 8 MONTHS (Specify whether
In this community 24 YEARS years, months or days)

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 8
(d) Street No. 6933 WALROND (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME CLARENCE RYAN
3. (b) If veteran, name war WORLD WART
3. (c) Social Security No. 487-03-0136
4. Sex MALE 0
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED 1
6. (b) Name of husband or wife DORTHEA E. RYAN
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased JULY (Month) 10 (Day) 1900 (Year)

8. AGE: Years 47 Months 4 Days 11 If less than one day ..... hr. ..... min.

9. Birthplace JOPLIN (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation CAR OPERATOR
11. Industry or business K. C. PUBLIC SERVICE CO.
FATHER
12. Name EDWIN RYAN
13. Birthplace JOPLIN (City, town, or county) MISSOURI (State or foreign country)
MOTHER
14. Maiden name Susan mathess
15. Birthplace JOPLIN (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant MRS. DORTHEA E. RYAN
(b) Address 6933 WALROND
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-25-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary MEMORIAL PARK
18. (a) Signature of funeral director D. H. Newcomers & Sons
(b) Address 1401 Brush Creek Blvd. K.C. Mo.
19. (a) 11-24-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 21 year 1947 hour 9 minute 55 P.M.

21. I hereby certify that I attended the deceased from 1/46, 1946, to 11/21, 1947 that I last saw him alive on 11/21, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis (SECONDARY) Duration

Due to EXTENSIVE - Retroperitoneal Cancer

Due to CANCER OF HEPATIC FLEXURE OF COLON primary

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 46

Of autopsy EXTENSION OF CANCER TO RETRO PERITONEAL NODES

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 Phillip H. Halloran (M. D. or other)
Address 409 Prof. Bldg Date signed 11/22/47

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

JAN 5 19

JAN 5 1948

JAN 7 1948

Memorial Hospital.

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K, C, 4 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.