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 JAN 19 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44146

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 1565

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 11 days (Specify whether years, months or days)
In this community: 48 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No.: 1328 So 24th St. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Raymond W. Ryan
3. (b) If veteran, name war: no
3. (c) Social Security No.: 491-10-3804
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: January 19, 1899 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	48	10	16	hr. min.

9. Birthplace: South Omaha, Nebr (City, town, or county) (State or foreign country)
10. Usual occupation: St. Francis Hotel
11. Industry or business: Kitchen Help
FATHER
12. Name: Thomas J. Ryan
13. Birthplace: Omaha, Nebr (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Theresa M. Salmon
15. Birthplace: Baraboo Wisconsin (City, town, or county) (State or foreign country)
16. (a) Informant: George Bliley
(b) Address: 1324 So 24th St, St. Joseph,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-9-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Olivet Cemetery
18. (a) Signature of funeral director: Barry Funeral Home
(b) Address: St. Joseph, Mo.
19. (a) 1-16-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Deember day: 5 year: 1947 hour: 6 minute: P.M.
21. I hereby certify that I attended the deceased from Nov. 26, 1947, to Dec 5, 1947, that I last saw him alive on Dec 5, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Terminal Broncho-Pneumonia
Due to: Cachetia of undetermined
Due to: cause
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 107
Of autopsy: as above

Duration

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: Wm B Root (M. D. or other)
Address: 510 Carlyn Bldg St. Joseph Mo. Date signed: 12-9-47

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 Victor Barry

Licensed Embalmer No. 4212

P. O. Address S T Joseph 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.