No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 21 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13009

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 111

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Independence Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 80 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence 4
(If outside city or town limits, write "RURAL")

(d) Street No. 40th & Crysler 4
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MR. JOHN ANDREW RYAN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Elizabeth C. Ryan

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

7. Birth date of deceased August 8, 1867 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	7	29	hr. min.

9. Birthplace Kansas City, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Building trade

11. Industry or business

FATHER
12. Name John Ryan 4
13. Birthplace Cork Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ann Seeney 4
15. Birthplace Tipperary Co. Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John P. Byrne
(b) Address 40th & Crysler, Independence, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys Cem. K.C. Mo.

18. (a) Signature of funeral director George C. Carson
(b) Address Independence, Mo.

19. (a) 4-8-48 (Date received local registrar) (b) [signature] (Registrar's signature) 2511

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month April day 7
year 1948 hour 9:20 minute P M.

21. I hereby certify that I attended the deceased from
, 1930, to Apr 7, 1948;
that I last saw him alive on 4-7 48, 19
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occ	2da
Coronary sclerosis	
Due to Arterio sclerosis	years
General	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 9 40
Of autopsy

PHYSICIAN
Underline the cause to 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 [signature] (M.D. or other)
Address Independence Mo Date signed 4-8-48

(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 Tom D Marbland, Registered Apprentice No. 40, working under my personal supervision.

Signed R. A. Lisle

Licensed Embalmer No. 4123

P. O. Address Independence, 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.