

S. No. 300
M-10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26587
3406
Registrar's No. _____

FILED SEP 4 1948
Registration District No. 149

Primary Registration District No. 1002

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: 3205 Broadway /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether)

In this community Lifetime (Month) (Year) (Specify whether)

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") 8

(d) Street No. 3205 Broadway (If rural, give location) 0

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

If yes, name country _____

3. (a) PRINT FULL NAME Rose Marie RYAN

3. (b) If veteran, name war no

3. (c) Social Security No. 486-07-9906

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 18
year 1948 hour 10:25 minute 0 A. M.

21. I hereby certify that I attended the deceased from 1941 to Aug 18, 1948
that I last saw her alive on Aug 17, 1948
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Raymond J. Ryan 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased: November 28, 1912
(Month) (Day) (Year)

Immediate cause of death: Hodgkins Disease 1941

Due to _____

Due to _____

8. AGE: Years Months Days If less than one day

35 8 20 hr. _____ min.

Other conditions: Topic Myocarditis 1947
(Include pregnancy within 3 months of death)

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

10. Usual occupation Housewife

11. Industry or business At home

Major findings: 148

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

12. Name John J. Lynch

13. Birthplace Kansas City, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Helen E. Curtin

15. Birthplace Kansas City, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Raymond J. Ryan

(b) Address 3205 Broadway, K.C., Mo.

17. (a) Burial (b) Date thereof 8-21-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Melody McGilley-Eylar

(b) Address Kansas City, Missouri

19. (a) 8-20-48 (b) Geraldine Holman
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M., D., or other) 8/19/48
Address 112 Professional Bldg signed _____

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.....

Licensed Embalmer No.

P. O. Address.....

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.