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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 4 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33077

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4048

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: 3512 Bellefontaine K.C. Mo. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 35 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") 8
(d) Street No. 3512 Bellefontaine 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edward J. RYAN
3. (b) If veteran, name war No
3. (c) Social Security No. 106-01-9562
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Anne L. Ryan
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Aug. (Month) 9th, (Day) 1878 (Year)

8. AGE: Years 70 Months 1 Days 23 If less than one day hr. min.

9. Birthplace Honey Creek (City, town, or county) Iowa 1 (State or foreign country)
10. Usual occupation Retired salesman
11. Industry or business Welsch Grape Juice Co.
FATHER
12. Name Patrick E. Ryan
13. Birthplace Unknown (City, town, or county) Ireland 4 (State or foreign country)
MOTHER
14. Maiden name Rachael Leonard
15. Birthplace Ontario (City, town, or county) Canada 2 (State or foreign country)
16. (a) Informant Mrs. Anne L. Ryan
(b) Address 3512 Bellefontaine K.C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys Cemetery
18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address Kansas City, Mo.
19. (a) 10-5-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2nd year 1948 hour 7 minute 15 P.M.
21. I hereby certify that I attended the deceased from Oct 2, 1948, to Oct 2, 1948; that I last saw him alive on Oct 2, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	24 hrs.
Due to: Coronary Arteriosclerosis	?
Due to:	
Other conditions (Include pregnancy within 3 months of death): None	

Major findings: Of operations None 93 d
Of autopsy None

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) Not
(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 Robt. J. Boody (M. D. ~~or other~~) Robt J Boody
Address 217 Plaza Tiffany Bldg KC2 Mo Date signed Oct 3 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Glen E. Hack

Licensed Embalmer No. 4063

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.