

S. No. 2
-12-45
5-17-39
X47070

FILED JAN 3 1949

Registration District No. **6**

Primary Registration District No. **5151**

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

1. PLACE OF DEATH:

(a) County Caldwell

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

(c) Name of hospital or institution:
7 miles N.E. of Cameron
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no
(Specify whether years, months or days)

In this community Lifetime
(Specify whether years, months or days)

3. (a) PRINT FULL NAME John Wm Ryan

3. (b) If veteran name war no

3. (c) Social Security No. no

4. Sex M **5. Color or race** W

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive no years

7. Birth date of deceased May 17 1895
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>7</u>	<u>7</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Patrick Ryan

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Johanna Kinner

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mary L Ryan

(b) Address Cameron

17. (a) Burial **(b) Date thereof** 12-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kinner cemetery

18. (a) Signature of funeral director Patent Fun. Home

(b) Address Cameron

19. (a) Dec 29/48 **(b)** Gladya Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Caldwell 13

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

(d) Street No. 7 miles N.E. of Cameron
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27
year 1948 hour 7:45 minute P.M.

21. I hereby certify that I attended the deceased from July 1 1948 to July 1 1948
that I last saw him alive on Dec 1 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary heart failure

Due to Arteriosclerosis

Other conditions heart disease
(Include pregnancy within 3 months of death)

Duration 3 weeks

Major findings:

Of operations 957

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?

While at work? (Specify type of place) (c) Means of injury 0

23. Signature W. W. Miller (M. D. or other)

Address Cameron Mo **Date signed** 12-27-48

JUN 20 1950

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 Chas. R. Trammell
Licensed Embalmer No. 4425
P.O. Address 224 West 4th

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.

Cameron, Mo.