

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

1476

State File No. _____

FILED JAN 25 1952

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BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Jackson</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p> b. COUNTY <p style="text-align: center;">Jackson</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Kansas City</p>		c. LENGTH OF STAY (In this place) <p style="text-align: center;">49 yrs.</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">408 Admiral Boulevard</p>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Kansas City</p>	
		d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">2812 Peery</p>	

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3. NAME OF DECEASED (Type or Print) a. (First) <p style="text-align: center;">Julia</p> b. (Middle) <p style="text-align: center;">J.</p> c. (Last) <p style="text-align: center;">RYAN</p>			4. DATE OF DEATH (Month) (Day) (Year) <p style="text-align: center;">Jan. 7, 1952</p>		
5. SEX <p style="text-align: center;">Female</p>	6. COLOR OR RACE <p style="text-align: center;">White</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">Never married</p>	8. DATE OF BIRTH <p style="text-align: center;">Nov. 12, 1876</p>	9. AGE (In years last birthday) <p style="text-align: center;">71</p>	IF UNDER 1 YEAR Months Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">Floorlady</p>	10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">Interstate Bindery</p>	11. BIRTHPLACE (State or foreign country) <p style="text-align: center;">Kingsville, Missouri</p>	12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">USA</p>
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13a. FATHER'S NAME <p style="text-align: center;">John Ryan</p>	13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Catherine Leonard</p>	14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">- - -</p>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">no</p>	16. SOCIAL SECURITY NO. <p style="text-align: center;">495-03-9037</p>	17. INFORMANT'S SIGNATURE OR NAME <p style="text-align: center;">Miss Margaret Ryan, 2812 Peery, K. C., Mo.</p>	ADDRESS <p style="text-align: center;">K. C., Mo.</p>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <p style="text-align: center;">42nd</p>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p style="text-align: center;">Arteriosclerotic Heart Disease</p>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <p style="text-align: center;">Natural</p>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <p style="text-align: center;">Hugh H. Owens</p>	(Degree or title)	23b. ADDRESS <p style="text-align: center;">1034 Euclid Blvd</p>	23c. DATE SIGNED <p style="text-align: center;">1-8-52</p>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Burial</p>	24b. DATE <p style="text-align: center;">1-9-52</p>	24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">St. Mary's</p>	24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Kansas City, Missouri</p>
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DATE REC'D BY LOCAL REG. <p style="text-align: center;">1-8-52</p>	REGISTRAR'S SIGNATURE <p style="text-align: center;">Seraldine Holmes</p>	25. FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">Melody-McGilley-Eylar</p>	ADDRESS <p style="text-align: center;">Kansas City, Mo.</p>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Glen E. Heck

Signed.....
Student Embalmer

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.