

399

1002

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **2303**

FILED JUL 15 1940

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

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:
K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 days
(Specify whether
24 years
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1409 East 39th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? --- years.

3. (a) PRINT FULL NAME Dorothea Marie Ryan **507**
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 3rd
year 1940 hour 3 minute 45 P M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mr. Carl Ryan
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased November 1 1907
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 13th, 1940, to June 3rd, 1940.
that I last saw her alive on June 3rd, 1940,
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
32 7 2 hr. min.

Immediate cause of death.
Meningeal tumor at base of cauda equina (Malignant)
Due to _____
Due to _____
Other conditions Fatty degeneration of Liver
(Include pregnancy within 3 months of death)

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

10. Usual occupation At Home

11. Industry or business ---

MOTHER FATHER
12. Name George Elia
13. Birthplace Burlington Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Gertrude Uncapher
15. Birthplace Marion Ohio
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy See above
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Anna Maycal
(b) Address 3715 B Altman

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial (b) Date thereof June 5, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Cemetery Burlington, Kansas

(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? _____

18. (a) Signature of funeral director D. M. Newsom's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) June 4, 1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury 1
23. Signature P. T. De Maria M.D. (M. D. or other)
Address Sup't. K. C. Gen. Hospital, K. C. Mo. Date 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 Emile M. Colborn

Licensed Embalmer No. 3506

P. O. Address K. C. 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, above space should be left blank.