

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution 348 Main - 1  
(d) Length of stay: In hospital or institution 25 yrs -  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 548 Main  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Mathew Ryan

3. (b) If veteran, name war Against American 3. (c) Social Security No. 71890

4. Sex Male 5. Color of 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. years

7. Birth date of deceased. unknown

8. AGE: Years 67 yr about Months Days If less than one day

9. Birthplace Ireland

10. Usual occupation Employed at the KC Stock yards

11. Industry or business

12. Name Patrick Ryan

13. Birthplace Ireland

14. Maiden name Winifred Ryan

15. Birthplace Ireland

16. (a) Informant Emmet Ryan

(b) Address Ottawa Kansas

17. (a) Burial of Jos. No 3/20/42  
(b) Date thereof (Month) (Day) (Year)  
(c) Place: burial or cremation: Ottawa Kansas

18. (a) Signature of funeral director Ben D. Leggett  
(b) Address KC Mo  
19. (a) 3-18-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 14 year 42

21. I hereby certify that I examined the deceased from 12:00 A.M. to 1:00 P.M. that I last saw him alive on 12:00 A.M. and that death occurred on the date and hour stated above.

Immediate cause of death: acute pulmonary edema & congestion

Due to: acute & chronic myocardial infarction

Due to: acute & chronic coronary atherosclerosis

Under conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: 940

Of autopsy: Yes

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) (Means of injury)

23. Signature: Ben D. Leggett (M. D. or other) 3  
Address: K.C. Mo Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

48  
83

047  
3  
8

0

361

JUN 19 1942

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**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..... *Harry E. Jolley*.....  
Licensed Embalmer No..... *4078*.....  
P. O. Address..... *Law City, Kansas*.....

**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.**