S. No. 2
OM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

W 24439

State File No.

FILED AUG 5 1943

Registration District No. 42

Primary Registration District No. 1880

Registrar's No. 748

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 2018 Francis /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 0

(c) City or town St. Joseph "RURAL" 0
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. # 1
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME Bridget Ryan

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Thomas D. Ryan

6. (c) Age of husband or wife if alive ---- years

7. Birth date of deceased Feburary (Month) 14 (Day) 1866 (Year)

8. AGE: Years 77 Months 4 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace St. Joseph (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name James Clifford
13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Bridget Murphy
15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Mrs. W. T. Soldner
(b) Address R.F.D. # 1 St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30, 43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Herman W. Sidenfaden
(b) Address 1802 Union, St. Joseph, MO

19. (a) 6-30-43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28 year 1943 hour 12 minute 15 A. M.

21. I hereby certify that I attended the deceased from June 26, 1943 to June 27, 1943 that I last saw him alive on June 27, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Left ventricular heart failure — Duration Don't know

Due to Arthritis Deformans — 3 yrs

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

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

23. Signature Charles H. Werner (M. D. or other)
Address 221 Kirkpatrick Bldg St Joseph, Mo Date signed 6-28-1943

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(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 John L. Hurley

Licensed Embalmer No. 4030

P. O. Address: St Joseph 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.