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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30936**  
Registrar's No. **3735**

**FILED SEP 21 1943**  
Registration District No. **149**

Primary Registration District No. **1002**

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

**1. PLACE OF DEATH:**

(a) County Jackson

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

(c) Name of hospital or institution: Convelencent Home 42641 Forest  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Year  
(Specify whether years, months or days)

In this community 20 Years

**3. (a) PRINT FULL NAME** Mr Martin J. Ryan

**3. (b) If veteran,** name war None

**3. (c) Social Security** No. None

**4. Sex** Male

**5. Color or Race** White

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

**6. (b) Name of husband or wife** Ella M. Ryan

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

**7. Birth date of deceased** March 11 1868  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>75</u>	<u>5</u>	<u>16</u>	hr. min.

**9. Birthplace** Pierron Illinois  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Pennsylvaylnia R.R. Flagman

**11. Industry or business** Flagman

MOTHER FATHER

**12. Name** William Ryan

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

**14. Maiden name** Catherine Noland

**15. Birthplace** Unknown Ire 4land  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Clifford Ryan

**(b) Address** 3600 East 57th Street

**17. (a) Burial** (Burial, cremation, or removal)

**(b) Date thereof** 8-30-43  
(Month) (Day) (Year)

**(c) Place: burial or cremation** Calvary Cemetery

**18. (a) Signature of funeral director** Mellody-McGilley

**(b) Address** Kansas City Missouri

**19. (a) 8-29-43** (Date received local registrar)

**(b) D. E. Brown** (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson

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

(d) Street No. 1332 East 30th Street  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month August day 27th  
year 1943 hour 11:30 minute A. M.

**21. I hereby certify that I attended the deceased from** June  
1943, to Aug 27 1943

that I last saw h. ms alive on aug 27, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death uremia

Due to Senility

Due to Hypertrapher Protet

Other conditions 1370  
(Include pregnancy within 3 months of death)

**Major findings:**

Of operations -----

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) (or) Means of injury -----

**23. Signature** Hugh A. Gentry (M. D. or other)

**Address** 303 West Main St Date signed 8-28-43

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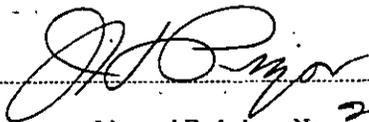
**STATEMENT BY LICENSED EMBALMER**

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.....



Licensed Embalmer No. 2999

P. O. Address..... KC

**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.**