No. 2
-1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

630

State File No. .....

FILED JAN 12 1949

Registration District No. 84 ..... Primary Registration District No. 5319 ..... Registrar's No. 9

1. PLACE OF DEATH:
(a) County: Cooper
(b) City or town: Rural, near Otterville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: near Otterville, Mo-Pac. R.R 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: ****** (Specify whether years, months or days)
In this community: ******

2. USUAL RESIDENCE OF DECEASED:
(a) State: California (b) County: Los Angeles 999
(c) City or town: Los Angeles 4
(If outside city or town limits, write "RURAL")
(d) Street No.: 11450 Ayshire Blvd. 6
(If rural, give location) 2
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Mary Judith Adelaide Ryan
3. (b) If veteran, name war: none
3. (c) Social Security No.: 559-38-3106

4. Sex: Female
5. Color or race: White
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: January 22, 1930 (Month) (Day) (Year)

8. AGE: Years 17 | Months 11 | Days 9 | If less than one day ..... hr. ..... min.

9. Birthplace: Richmond, Indiana (City, town, or county) (State or foreign country) 1
10. Usual occupation: Student
11. Industry or business .....

FATHER
12. Name: Frank M. Ryan 1
13. Birthplace: Urbana, Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Adelaide Knox
15. Birthplace: Louisville, Kentucky (City, town, or county) (State or foreign country) 1

16. (a) Informant: K.H. Knox (grandfather)
(b) Address: Richmond, Indiana
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 1/3/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Los Angeles, California
18. (a) Signature of funeral director: [illegible]
(b) Address: Sedalia, Missouri
19. (a) 1-3-48 (Date received local registrar) (b) Nellie Mullette (Registrar's signature) 93

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan day: 1 year: 1948 hour about 7 minute 40 9 A.M.
21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...; that I last saw him alive on ..... 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Injury — Instant
Due to: Train wreck
Due to: Fracture
Other conditions: Pneumonia, pneumothorax
(Include pregnancy within 3 months of death)
Major findings:
Of operations: N. negative
Of autopsy: Venus 1-6-30

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Accident 27
(b) Date of occurrence: Jan 1-1948
(c) Where did injury occur? Cooper Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? No Pacific Railroad (Specify type of place)
While at work? (e) Means of injury: Train wreck
23. Signature: M L Dieckmann (M. D. or other) MD
Address: Boonville Mo Date signed: 1/7/48
Cooper Co

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

Received:
Mo. Health Dist. No. 8
January 10, 1948

JAN 20 1948

JAN 30 1948

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 Duane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia 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.