

FILED JUL 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23659
3104
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township). Kansas City	
c. LENGTH OF STAY (In this place) 40 yrs.		d. STREET ADDRESS (If rural, give location) 5037 Forest Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5037 Forest Avenue			

3. NAME OF DECEASED (Type or Print) a. (First) William	b. (Middle) D.	c. (Last) RYAN, Jr.	4. DATE OF DEATH (Month) (Day) (Year) July 16, 1950
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 5-22-89	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner	10b. KIND OF BUSINESS OR INDUSTRY Ryan-Dolan Coal Co.	11. BIRTHPLACE (State or foreign country) Braidwood, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William D. Ryan, Sr.	13b. MOTHER'S MAIDEN NAME Alice T. Kelly	14. NAME OF HUSBAND OR WIFE Katharine L. Ryan
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Katharine L. Ryan	ADDRESS 5037 Forest, KC, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION Military Tuberculosis		INTERVAL BETWEEN ONSET AND DEATH 0/9/1
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) natural	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **7-12-1950**, to **7-16-1950**, that I last saw the deceased alive on **7-12-1950**, and that death occurred at **6:30 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE Ruth H. Owens	(Degree or title) M.D.	23b. ADDRESS 1034 Bialto Bldg.	23c. DATE SIGNED 7-17-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-19-50	24c. NAME OF CEMETERY OR CREMATORY Calvary	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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DATE REC'D BY LOCAL REG. 7-17-50	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Melody-MoGilley-Eplar	ADDRESS Kansas City, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Er. Wm. G. Coover
Killed 1867

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 _____

working under my personal supervision.

Student Embalmer No.

Signed W. G. Coover

Signed.....
Student Embalmer

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.

