

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16787

FILED JUN 15 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2339

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Kansas</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City "Rural" 8/50</b>	
c. LENGTH OF STAY (In this place) <b>3 WEEKS</b>		d. STREET ADDRESS (If rural, give location) <b>5324 Mission Road X1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Lukes Hospital</b>			
3. NAME OF DECEASED a. (First) <b>Emma</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>5-28-51</b>	
b. (Middle) <b>Lou W.</b>			
c. (Last) <b>Ryan</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>Dec. 22, 1913</b>
9. AGE (In years last birthday) <b>37</b>		10. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		11. BIRTHPLACE (State or foreign country) <b>Fort Dodge, Iowa</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>			
13a. FATHER'S NAME <b>Monte A. Whitney</b>		14. NAME OF HUSBAND OR WIFE <b>George W. Ryan Sr.</b>	
13b. MOTHER'S MAIDEN NAME <b>Clara Cux</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>George W. Ryan Sr.</b>		ADDRESS <b>5324 Mission Road Kansas City, Kansas</b>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>central metastasis carcinoma</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 Wks</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>carcinoma, rt. breast 4 yrs.</b>		
DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>170X</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 16, 1951, to 5/28, 1951, that I last saw the deceased alive on 5/28, 51, and that death occurred at 5:00 P.m., from the causes and on the date stated above.

22a. SIGNATURE OF EMERALD A. JAVIS, MD (Degree or title) <b>JAVIS M.D.</b>	23b. ADDRESS <b>Kansas City, Mo.</b>	23c. DATE SIGNED <b>5/29/51</b>
--	--------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>MAY 31 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Moriah Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>
---	------------------------------	---	---

DATE REC'D BY LOCAL REG. <b>5-31-51</b>	REGISTRAR'S SIGNATURE <b>Geraldine Helmer</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>O.W. Newcomer's Sons</b>	ADDRESS <b>1331 BRUSH CREEK KANSAS CITY, MO.</b>
---	---	--	--

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.....

....., Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Basil Honey

Licensed Embalmer No. 4724

P. O. Address Gasland, 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.