

STANDARD CERTIFICATE OF DEATH

State File No. **28272**  
**3619**

8-25-52

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

BIRTHDAY <b>05 1952</b>		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. LENGTH OF STAY (in this place) <b>50 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		d. STREET ADDRESS (If rural, give location) <b>1100 BELFONTAINE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1100 BELFONTAINE</b>				d. STREET ADDRESS (If rural, give location) <b>1100 BELFONTAINE</b>			
3. NAME OF DECEASED (Type or Print) <b>John</b>		a. (First) <b>John</b>		b. (Middle) <b>AUGUSTUS</b>		c. (Last) <b>RYAN</b>	
4. DATE OF DEATH <b>AUG. 12-1952</b>		5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>APRIL-22-1897</b>		9. AGE (in years last birthday) <b>75</b>		10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>PAINTER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>self</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>NEW YORK, NEW YORK</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>John H. RYAN</b>		13b. MOTHER'S MAIDEN NAME <b>ERNESTINE FRANK</b>	
14. NAME OF HUSBAND OR WIFE <b>BIRDIE RYAN</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES 1893 NAVY</b>		16. SOCIAL SECURITY NO. <b>510-07-1231</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MRS. BIRDIE RYAN</b>	
18. CAUSE OF DEATH Enter 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>Coronary Occlusion</b> ANTECEDENT CAUSES <b>arteriosclerosis</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis</b> DUE TO (c) <b>Polycystic Kidneys</b> 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 checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>4201</b>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>undetermined</b>		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) m.	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Hugh B. Owens</b> (Degree or title)				23b. ADDRESS <b>1134 Oakto Bldg</b>		23c. DATE SIGNED <b>8-13-52</b>	
24a. BURIAL CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>AUG. 16-1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope</b>		24d. LOCATION (City, town, or County) (State) <b>KANSAS CITY, KANSAS</b>	
DATE REC'D BY LOCAL REG. <b>8-13-52</b>		REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C.H. Blackburn &amp; Son Inc.</b>		ADDRESS <b>K.C. Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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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.....

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

..... working under my personal supervision.

Student .....  
Student Embalmer

Signed James E. Kachlerman

Licensed Embalmer No. 4573

P. O. Address Kansas City

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.