

FILED NOV 23 1955

STANDARD CERTIFICATE OF DEATH

State File No. **37007**

BIRTH NO.		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>4815</b>	
I. 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>34 yrs.</b>		c. CITY OR TOWN <b>KANSAS CITY</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>463 E. 55TH STREET</b>				e. STREET ADDRESS (If rural, give location) <b>463 E. 55TH STREET</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>JENNIE</b>			b. (Middle) <b>OLGA</b>		c. (Last) <b>RYNEAL</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 5, 1955</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>JUNE 24, 1888</b>		9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Joseph, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>HENRY FLINSBACH</b>		13b. MOTHER'S MAIDEN NAME <b>OLGA MEISSNER</b>		14. NAME OF HUSBAND OR WIFE <b>FRED RYNEAL</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. VIRGINIA GRAMM, K.C., Mo.</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>Carcinoma of Ovary</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b>	
		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.				<b>175X</b>	
19a. DATE OF OPERATION <b>Dec. 1, 54</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of Ovary</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 <b>JAN.</b> , 19 <b>55</b> , to <b>Nov. 5</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>Nov. 21</b> , 19 <b>55</b> , and that death occurred at <b>5:50 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>John B. Justus M.D.</b> (Degree or title) <sup>o</sup>				23b. ADDRESS <b>315 Nichols Rd., K.C. Mo.</b>		23c. DATE SIGNED <b>Nov. 5, 1955</b>	
24a. BURIAL CREMATION (REMOVAL) (Specify) <b>BURIAL</b>		24b. DATE <b>Nov. 8, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ASHLAND CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>St. Joseph Missouri</b>		
DATE REC'D BY LOCAL REG. <b>11-8-55</b>		REGISTRAR'S SIGNATURE <b>Neva Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>A. W. Neurotic 1331 S. 2nd St. K.C. Mo.</b>			

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

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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.....  
Signature of Student Embalmer

Signed *Edward McSto*

Licensed Embalmer No. *44*

P. O. Address *K. C. 110*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.