

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

40891

1. PLACE OF DEATH

County Jackson
Township Law
City Kansas City

Registration District No. 389
Primary Registration District No. 1002
(No. 5137 Woodland)

File No. _____
Registered No. 4877
St. _____ Ward _____

2. FULL NAME

John Carmen Rambo
(a) Residence (No. 5137 Woodland St., 15 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mrs. Myrtle Rambo

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9-1864

7. AGE YEARS 67 MONTHS 4 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sante Fe Railroad

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eric Pennsylvania

13. NAME William Rambo

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

15. MAIDEN NAME Belle Carmen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

17. INFORMANT (ADDRESS) Mrs. Myrtle Rambo 5137 Woodland Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE December 8, 1931

19. UNDERTAKER (ADDRESS) O. H. Newcomer's Sons Kansas City, Missouri

20. FILED 12-7-31 19 31 AM Carver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 5, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 5 1931, to _____, 19____.

I last saw him alive on Dec 5, 1931. Death is said to have occurred on the date stated above, at 11:00 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary disease (embolus) (Date of onset _____)

430
747
Q B C

Other contributory causes of importance:
Myocarditis
Coronary heart disease

Name of operation Phlebotomy Date of _____

What test confirmed diagnosis? Syphilis Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____.

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify _____ (Signed) Louis Hart, M. D.
(Address) 4949 Kellist Rd.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Menorah Hospital

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