

AUG 7 1939

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

24442

Do not use this space.

Registered No. 2655

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township Kaw Primary Registration District No. 1002  
(c) City Kansas City (d) Street No. St Joseph Hospital St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. 1 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Winnie Margaret Carmichael

(a) Residence, No. Pennsylvania Hotel St.  New York City New York  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Donald A. Carmichael

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 25 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
44 8 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Arkansas City  
(STATE OR COUNTRY) Kansas

FATHER 13. NAME John W. Ramsey

14. BIRTHPLACE (CITY OR TOWN) Stronghurst  
(STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Ida M. Scott

16. BIRTHPLACE (CITY OR TOWN) Cambridge  
(STATE OR COUNTRY) Ohio

17. INFORMANT Donald A. Carmichael  
(ADDRESS) Temporary, 206 East 74th Street

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Moriah Mausoleum DATE 7/5, 1939

19. FUNERAL DIRECTOR (NAME) Freeman Mortuary  
(ADDRESS) Kansas City Missouri

20. FILED July 3, 1939 M. M. Brown  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1939 to July 2, 1939

I last saw her alive on July 2, 1939 Death is said to have occurred on the date stated above, at 5P m.

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

Generalized carcinomatosis of the breast  
carcinoma of breast  
50 7 yrs.

Other contributory causes of importance:

Name of operation Date of 7/2  
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury, 1939

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) W. R. Jackson M. D.  
(Address) 1107 Bryant Ave

(Licensed Embalmer's Statement on Reverse Side)

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.

I X 15603

**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.....  
..... Registered Apprentice No.....  
working under my personal supervision.

Signed.....  
..... Licensed Embalmer No.....  
..... P. O. Address.....

**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, above space should be left blank.**

1-5  
JAN 1 1951