

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4854

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City Mo.
 (c) Name of hospital or institution:
3021 East 22nd St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 58
 In this community 58
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME Mrs Ann RAMING. 552
 3. (b) If veteran, name war --
 3. (c) Social Security No. --

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Herman Raming 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased June 24 1858
 (Month) (Day) (Year)

8. AGE: Years 81 Months 5 Days 27 If less than one day hr. min.

9. Birthplace Ireland
 (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name Michael Gallagher
 13. Birthplace Ireland
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Marty Raming
 (b) Address 3021 East 22 St.

17. (a) Burial (b) Date thereof 12/23/39
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Melody-McGilley
 (b) Address K. C. Mo.

19. (a) Dec 24, 1939 (b) Melody McGilley
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3021 East 22nd St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 76 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 21st
 year 1939 hour -- minute 1:50 A.M.

21. I hereby certify that I attended the deceased from Dec 20
1939 to -- 1939
 that I last saw her alive on Dec 20 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberc Pneumonia

Due to Senility 100

Due to General debilitation

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify)
 (b) Date of occurrence
 (c) Where did injury occur? (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Dr. H. Wyatt (M. D. or other) MD
 Address 3850 Prospect Date signed

Duration

< 1 day

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.

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. *2799*

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.