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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 31059
3622

Registration District No. 399 Primary Registration District No. 1002 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K.C.Gen.Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits write "RURAL")
(d) Street No. 720 East 15th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME ROBERT L. RAMEY
3. (b) If veteran, name war no
3. (c) Social Security No. 493-12-3392
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Nancy R. Ramey
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased June 8, 1888 (Month) (Day) (Year)

8. AGE: Years 52 Months 3 Days 7 If less than one day hr. min.

9. Birthplace Belton, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Bricklayer
11. Industry or business W.P.A.
MOTHER FATHER
12. Name Alexander H. Ramey
13. Birthplace Ky. (City, town, or county) (State or foreign country)
14. Maiden name Ada McPherson
15. Birthplace Martin City Mo (City, town, or county) (State or foreign country)
16. (a) Informant Lee H. Ramey
(b) Address Martin City Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 17, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Belton, Mo.
18. (a) Signature of funeral director C. A. George & Sons
(b) Address Belton, Mo.
19. (a) Sept. 16, 1940 (Date received local registrar) M. M. Crane (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15th year 1940 hour 9 minute 45 A. M.
21. I hereby certify that I attended the deceased from Aug. 31st, 1940, to Sept. 15th 1940, 19..; that I last saw him alive on Sept. 15th 1940, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death: Generalized peritonitis — Duration
Due to Ruptured ilio-cecal valve and liver abscess
Due to Ileo-colitis
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy See above

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Drury R. Thomas (M. D. or other)
Address Med. Dir. K.C. General Hosp. Date signed

(Licensed Embalmer's Statement on Reverse Side)

**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 Barry D. Thacker

Licensed Embalmer No. 3944

P. O. Address Belton, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**