No. 2
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3-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUL 19 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25249

Registration District No. 398 — Primary Registration District No. 3019 — Registrar's No. 904

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

1. PLACE OF DEATH:

(a) County Jackson.

(b) City or town Independence, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Independence Sanitarium. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 days. 0 (Specify whether years, months or days)

In this community 59 years. 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Jackson. 048

(c) City or town Kansas City. (If outside city or town limits, write "RURAL")

(d) Street No. 617 West Gregory Blvd. (If rural, give location)

(e) If foreign born, how long in U. S. A.? x 1 years.

3. (a) PRINT FULL NAME John E. Rams.

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single. 0

6. (b) Name of husband or wife x

6. (c) Age of husband or wife if alive x years

7. Birth date of deceased March (Month) 6 (Day) 1874 (Year)

8. AGE: Years 67 Months 4 Days 20 If less than one day hr. min.

9. Birthplace Illinois. (City, town, or county) 1 (State or foreign country)

10. Usual occupation Retired.

11. Industry or business x

FATHER
12. Name Tillman Rams.
13. Birthplace (City, town, or county) Germany. 4 (State or foreign country)

MOTHER
14. Maiden name Maria Weiman,
15. Birthplace (City, town, or county) Germany. 4 (State or foreign country)

16. (a) Informant Kate Rams.
(b) Address Santa Monica, California.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-31-41 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cem.

18. (a) Signature of funeral director Stine & McClure.
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) July 29-41 (Date received local registrar) (b) F. L. Cook M.D. (Registrar's signature)

360

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26 year 1941 hour 10:15 minute P. M.

21. I hereby certify that I attended the deceased from 7-18-41 to 7-26-, 1941, to , 19 ; that I last saw him alive on 7-26-, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	48 hours
Due to Had an influenzal type of cold for several days preceding	
Due to	
Other conditions (Include pregnancy within 3 months of death) 100	

Major findings: Of operation Myocardial weakening and decompensation

Of autopsy

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 C. H. Allen (M. D. or other) M.D.
Address Independence, Mo. Date signed 7-28-41

(Licensed Embalmer's Statement on Reverse Side)

Dr. Charles C. Allen
First National Bank Bldg
Independence Mo
Sundays 2 3 4 5

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. C. Mo

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.

. No. 2B
—8-21-41
P I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25249

Registration District No. 398 Primary Registration District No. 3019 Registrar's No. 204

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Independence Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether in vicinity)

In this community 59 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 617 W Gregory Blvd
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John E. Ramo

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 67 Months Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) Sept. 16 41 (Date received local registrar) (b) L. L. Cook MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

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)

(b) 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 (M. D. or other)

Address Date signed

S-25249