

FILED JUL 9 1942
Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2497

1. PLACE OF DEATH: Jackson

(a) County: Jackson

(b) City or town: Kansas City

(c) Name of hospital or institution: Research Hospital

(d) Length of stay: In hospital or institution: 1 week

In this community: 35 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City

(d) Street No.: 516 East 44th Street

(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME: Mrs. Hazel Garnet Ramsey

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

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

6. (b) Name of husband or wife: Mr. Roley Ramsey

6. (c) Age of husband or wife if alive: 52 years

7. Birth date of deceased: Ma 4ch 22

8. AGE: Years: 58 57 Months: 3 Days: 6

9. Birthplace: Macomb Illinois

10. Usual occupation: Housewife

11. Industry or business: At Home

12. Name: William R. Hampton

13. Birthplace: Macomb Illinois

14. Maiden name: Rhina Bell Lambert

15. Birthplace: Macomb Illinois

16. (a) Informant: Mr. Roley Ramsey

(b) Address: 516 East 44th Street

17. (a) Burial (b) Date thereof: June 30, 1942

(c) Place: burial or cremation: Forest Hill Cemetery

18. (a) Signature of funeral director: D. H. Thurmond

(b) Address: 1401 Brush Creek Blvd.

19. (a) 6-30-42 (b) M. M. Brown

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 28 year: 1942 hour: 6 minute: 45P. M.

21. I hereby certify that I attended the deceased from June 20 to June 28, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Subar pneumonia

Due to: coronary heart failure

Other conditions: 106

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: D

23. Signature: [Signature] (M. D. or other) Address: [Address] Date signed:

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

MOTHER FATHER

Mr. Chas. H. Wynn
3850 Prof.
3-3

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.....

Emile M. Calhoun

Licensed Embalmer No.....

3506

P. O. Address.....

1500

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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of

Mo
Jackson

State File No.

2497-
1942

County of

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On the *3* day of *July*, 194*2*, before me appears

Roley Ramsey, who, upon *his* oath, states that the original record of ~~birth~~ death for *Rayd Ramsey*, died *June 28-42*, 19*42*, in the State of Missouri, and which was filed at *KCMO* on *6-30-42*, should be corrected as follows:

~~Date of~~ should read *March 22-1886*

~~birth of~~ *March 22-1885*

Item No. *Age* should read *56*

Instead of *57*

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant *Roley Ramsey* Relationship *Heads*

516 E 44 KCMO
Present Address.

Subscribed and sworn to, before me this *7* day of *July*, 194*2*

My Commission Expires Jan. 15, 194*6*

My Commission expires *Rose A. Frankel* Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-20411