

FILED FEB 25 1943

State File No.

Registrar's No.

585

Registration District No. 149

Primary Registration District No. 1002

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: General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community 35 yrs.
years, months or days)

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. 3807 East 17th
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

Chansey Arthur Ramp

3. (b) If veteran, name war no

3. (c) Social Security No. 487-03-4831

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2
year 1943 hour 10 minute 30 A.M.

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

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced 1st Married
6. (b) Name of husband or wife Bedo E. Ramp 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased may 25 1885
(Month) (Day) (Year)

Immediate cause of death: Muriatic Acid Poisoning

8. AGE: Years 57 Months 8 Days 7
If less than one day hr. min.

Due to 1631

9. Birthplace Salesburg 209
(City, town, or county) (State or foreign country)

10. Usual occupation Painter + last Employed

11. Industry or business Cratt & Whitney

12. Name Cephas Ramp

13. Birthplace admission 7
(City, town, or county) (State or foreign country)

14. Maiden name Julia Biggerstaff

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

16. (a) Informant Mrs Bedo Ramp

(b) Address 3807 East 17th st.

17. (a) Burial (b) Date thereof 2-5-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Washington

18. (a) Signature of funeral director Mrs. C. K. Foster

(b) Address 918 Brooklyn

19. (a) 2-4-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy See Above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence Jan 31 1943

(c) Where did injury occur? Man City Jackson Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, or farm, in industrial place, in public place?
At Home

While at work? No (Specify type of place) (e) Means of injury Poison

23. Signature W. E. Upsher (M. D. or other) M.D.

Address 23rd Me Coy Date signed 2/2/43

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

Wenzil E. Browning

Licensed Embalmer No. *2724*

P. O. Address *H. E. No*

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.