

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution 1727 Woodland  
(d) Length of stay: 9 years  
In this community 9 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 1727 Woodland  
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Parthenia Ramsey  
3. (b) If veteran, name war none  
3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 10 day 15  
year 1944 hour 11 minute 3 P. M.

4. Sex Male 5. Color Race Negro  
6. (a) Single, widowed, married, divorced, single  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive  
7. Birth date of deceased November - 1839

21. I hereby certify that I attended the deceased from 10/9 day  
1944 to 10-15-1944  
that I last saw her alive on 10-15-44  
and that death occurred on the date and hour stated above  
Immediate cause of death Cardiac Decompensation.

8. AGE: 84 11 min.  
9. Birthplace Cedar City, Mo.  
10. Usual occupation Housework

Due to Sclerosis H.D.  
Due to Paralysis of left side (NMO)  
Other conditions  
Major findings: 93.8  
Of operations  
Of autopsy

MOTHER FATHER  
11. Industry or business  
12. Name George W. Buehler  
13. Birthplace Mo.  
14. Maiden name Annie Jackson  
15. Birthplace Mo.

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

16. (a) Informant Susan Jackson  
(b) Address 1727 Woodland  
17. (a) Burial (b) Date thereof 10/19/29  
(c) Place: burial or cremation Highland Park  
18. (a) Signature of funeral director  
(b) Address  
19. (a) 10-16-44 (b) N. E. Brown

While at work? (Specify type of place)  
(e) Means of injury  
23. Signature A. R. Bradbury (M. D. or other)  
Address 821 Ind. ave Date signed

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

Dr. Bradbery

LS 29 220

**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 J. J. Manlove  
Licensed Embalmer No. 3994  
P. O. Address 2583 Highland

**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.**