

FILED DEC 22 1944

Registration District No. 199

Primary Registration District No. 1002

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 Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community one year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. 2129 Bellvue
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ramon F. Ojeda

3. (b) If veteran, name war no
3. (c) Social Security No. 493-22-6131

4. Sex Male 5. Color or race Mex
6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 3 1902
(Month) (Day)

8. AGE: Years 42 58 Month 2 Days 14
If less than one day hr. _____ min. _____

9. Birthplace Mexico 3
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business Santa Fe Bus House

12. Name Ojeda

13. Birthplace Mexico 3
(City, town, or county) (State or foreign country)

14. Maiden name Antonia Lopez

15. Birthplace Mexico 3
(City, town, or county) (State or foreign country)

16. (a) Informant Juanes G. Ojeda
(b) Address 7129 Bellvue

17. (a) Removal (b) Date thereof 12-19-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation maple Hill N.C.

18. (a) Signature of funeral director Blenni E. Weller
(b) Address 7332 Monitor Place
19. (a) 12-13-44 (b) H. C. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 7
year 1944 hour 6 minute 40P M.

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

CORONER

Immediate cause of death Fracture base of skull
Duration _____

Due to _____

Due to Auto + Pedestrian

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations as above 1700
Of autopsy yes 21

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) accident 123

(b) Date of occurrence 12-7-44 7:15 am

(c) Where did injury occur? 23rd Traffic Way + Madison
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place automobile
(Specify type of place) (e) Means of injury Automobile

23. Signature Jimmie C. Walker 3 Coroner
(M. D. or other) Address 1424 Poplar St Date signed 12-9-44

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

48
2033

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.....

Licensed Embalmer No.....

P. O. Address.....

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.