

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Jackson City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Kansas City Convalescent Home**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 days**
(Specify whether years, months or days) **50 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Jackson City** **48**
(If outside city or town limits, write "RURAL")
(d) Street No. **5645 Vergennes**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **USA**

3. (a) PRINT FULL NAME

William RAMSAYER (Ramsauer)

MEDICAL CERTIFICATION

3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**

20. DATE OF DEATH: Month **Dec** day **11**
year **1944** hour **9:30** minute **10** M.

21. I hereby certify that I attended the deceased from **12-8-44**
....., 19....., to **12-11-44**, 19.....;
that I last saw h..... alive on **12-11-44**, 19.....;
and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **Nov 19 1864**
(Month) (Day) (Year)

Immediate cause of death.....

8. AGE: Years **80** Months **0** Days **27** If less than one day hr. min.

Due to **Arteriosclerosis**

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

Due to.....

10. Usual occupation **Retired Butcher**

Other conditions. (Include pregnancy within 3 months of death) **97**

11. Industry or business.....

Major findings: Of operations.....

12. Name **No Record**

Of autopsy.....

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **No Record**

15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Benjamin F. Sparr**

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

(b) Address **5100 Highland**

(b) Date of occurrence.....

17. (a) **Burial** (b) Date thereof **12-13-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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

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

18. (a) Signature of funeral director **F. W. Wagner**

While at work?..... (Specify type of place) (c) Means of injury.....

(b) Address **Jackson City Mo**

23. Signature **W. M. M... (M. D. oncher)**

19. (a) **Dec 13 1944** (b) **T. E. Brown**
(Date received local registrar) (Registrar's Name)

Address **323... Date filed **12/12/44****

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

NOV 29 1959

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 Alvin R. Haenschell

Licensed Embalmer No. 4159

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, fact should be so stated above.