S. No. 2
M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23159

FILED AUG 8 1945

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3078

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: 518 South Van Brunt
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether years, months or days)
In this community 2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City. 3
(If outside city or town limits, write "RURAL")
(d) Street No. 518 South Van Brunt 8
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No) 0
If yes, name country x

3. (a) PRINT FULL NAME Mrs. Lida Ramey

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed.

6. (b) Name of husband or wife J. R. Ramey

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

7. Birth date of deceased November 17, 1863 (Month) (Day) (Year)

8. AGE: Years 81 Months 8 Days 4 If less than one day hr. min.

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

10. Usual occupation at home.

11. Industry or business x

MOTHER FATHER
12. Name William French
13. Birthplace unknown. (City, town, or county) (State or foreign country)
14. Maiden name Mary E. French
15. Birthplace unknown. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. M. B. King.
(b) Address 518 S. Van Brunt, Kansas City, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-21-45 (Month) (Day) (Year)
(c) Place: burial or cremation Warrensburg, Mo.

18. (a) Signature of funeral director Stine & McClure.
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 7-23-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1945 hour 8:40 minute A. M.

21. I hereby certify that I attended the deceased from June 4, 1945, to July 21, 1945 that I last saw him alive on July 21, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis with Decompensation	3 mths
Due to arteriosclerosis	1 year
Due to Chronic Syphilis	1 year
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 131.5
Of autopsy not made

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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature C W Rose (M. D. or other) M.D.
Address 1034 Elmwood Date signed 7-23-45

(Licensed Embalmer's Statement on Reverse Side)

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. 14 15

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.