V. S. No. 2
30M—5-42
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 26 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36255

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4720

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: Osteopathic Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 hours (Specify whether years, months or days)

In this community 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No. 3607 Troost Ave. (If rural, give location) 8

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Mrs Eve R. Lang

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife Charles L. Lang

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased June 18, 1915 (Month) (Day) (Year)

8. AGE: Years 30 Months 4 Days 26 If less than one day hr. min.

9. Birthplace Kansas City, Kansas (City, town, or county) (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Anton G. Ramel
13. Birthplace Sioux City, Iowa (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Lucille Shipley
15. Birthplace Moberly, Mo. (City, town, or county) (State or foreign country) 0

16. (a) Informant Charles L. Lang
(b) Address 3617 Troost Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 17, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation St Mary

18. (a) Signature of funeral director Thos. E. Quirk
(b) Address 4316 Troost Ave.

19. (a) 11-16-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14th year 1945 hour 5.06 P.M. minute M.

21. I hereby certify that I attended the deceased from 11-12, 1945, to 11-14, 1945 that I last saw her alive on 11-14, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Mechanical intestinal obstruction (ileum)	36 hours
Due to Bands of constricting adhesions	1 yr.
Due to	
Other conditions (Include pregnancy within 3 months of death) 122 b²	

Major findings: Of operations Bands of adhesions acutely kinking ileum.

Of autopsy

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 2

23. Signature Wm. R. Jasper (M. D. or other) D.O.

Address 3034 Harrison Date signed 11-15-45

(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 Thomas E. Lynch

Licensed Embalmer No. 3775

P. O. Address R. C. Md

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.