

S. No. 2
 OM-5-43
 v. 5-17-39
 I-X36671

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **13327**
 Registrar's No. **1941**

FILED MAY 6 1946
 Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **Kansas City**
 (c) Name of hospital or institution: **Trinity Lutheran Hospital**
 (d) Length of stay: In hospital or institution **1 day**
 In this community **45 years**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City**
 (d) Street No. **510 South Lawndale**
 (e) Citizen of foreign country? **no**

3. (a) PRINT FULL NAME **William T. RAMSEY**
 3. (b) If veteran, name war **No**
 3. (c) Social Security No. **495-05-5700**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **April** day **24th** year **1946** hour **12** minute **40 P.M.**

4. Sex **male** 5. Color or race **white**
 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **Laura Ramsey**
 6. (c) Age of husband or wife if alive **71** years
 7. Birth date of deceased **February 16 1878**

21. I hereby certify that I attended the deceased from **April 23**, 1946, to **April 24**, 1946; that I last saw him alive on **April 24**, 1946; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	68	2	8	hr. min.

Immediate cause of death **Acute Cardiac Dilatation**
 Due to **Fatty Infiltration of the Right Ventricle, severe, with extreme generalized obesity.**
 Duration **12 hours**

9. Birthplace **New Castle Pennsylvania**
 10. Usual occupation **Retired Grain Elevator Sup**
 11. Industry or business **Empire Storage Company**

Other conditions **Strangulated Left Inguinal Hernia**
 (Include pregnancy within 6 months of death)
 Major findings: **Strangulated Left Inguinal Hernia**
 Of operations: **as above**
 Of autopsy: **as above**
 PHYSICIAN **12 D. A.**

MOTHER {
 12. Name **Peter Ramsey**
 13. Birthplace **Unknown England**
 14. Maiden name **Catherine Hunter**
 15. Birthplace **Unknown Wales**

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 **Mrs. Bertha Carswell**
 (b) Address **516 South Lawndale**
 17. (a) **Burial** (b) Date thereof **4-26-46**
 (c) Place: burial or cremation **Mt. Washington**
 18. (a) Signature of funeral director **Melody-McGilley-Eylar**
 (b) Address **1800 E. Linwood Blvd.**

23. Signature **Paul W. Slaughter, M.D.** (M. D. or other)
 Address **1110 Regent Bldg., K.C. Mo.** Date signed **4/20/46**

19. (a) **4-26-46** (b) **Beraldine Holmes**
 (Date received local registrar) (Registrar's signature)

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.