No. 300
-10-47
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 4 1948

Registration District No. 749

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 33053

Registrar's No. 4005

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: KCTB. Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 62 days (Specify whether years, months or days)

In this community 30 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County JACKSON

(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 548 MAIN
(If rural, give location)

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

If yes, name country

48 3 31 0

3. (a) PRINT FULL NAME RALSTON, EDWARD

3. (b) If veteran, name war Unknown

3. (c) Social Security No. unknown

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased MAR (Month) 14 (Day) 1880 (Year)

8. AGE: Years 68 Months 6 Days 5 If less than one day ___ hr. ___ min.

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

10. Usual occupation NONE

11. Industry or business

FATHER
12. Name RALSTON, JAS.
13. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name BREWER, SARAH
15. Birthplace TENN.
(City, town, or county) (State or foreign country)

16. (a) Informant KIRBY, MARY

(b) Address LANE, KS.

17. (a) Anatomical (Burial, cremation, or removal) (b) Date thereof 9-30-48 (Month) (Day) (Year)

(c) Place: burial or cremation Jac. County Anat. Soc.

18. (a) Signature of funeral director Weilert Funeral Home

(b) Address 2332 Monitor Place: K.C. Mo.

19. (a) 10-2-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 19 year 1948 hour 12 minute 55 A.M.

21. I hereby certify that I attended the deceased from 7-19, 1948 to 9-19, 1948 that I last saw him alive on 9-19, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tbc. — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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

23. Signature George K. Landis (M. D. or other) George K. Landis M.D.

Address Kansas City Tbc. Hosp. Date signed

(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.....Blaine E. Weichert

Licensed Embalmer No.....4075

P. O. Address.....K.C. 8, 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.