

FILED JUN 3 1950 STANDARD CERTIFICATE OF DEATH

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2285

1. PLACE OF DEATH a. COUNTY: Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE: Missouri b. COUNTY: Jackson	
b. CITY (If outside corporate limits, write RURAL and give township): Kansas City		c. LENGTH OF STAY (In this place): over 10 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION: General Hospital #2		d. CITY (If outside corporate limits, write RURAL and give township): Kansas City, Mo.	
		d. STREET ADDRESS (If rural, give location): 2124 Forest Ave	

3. NAME OF DECEASED (Type or Print) a. (First): Mollie	b. (Middle): Ramsey	c. (Last): Ramsey	4. DATE OF DEATH (Month) (Day) (Year) May-17-1950
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5. SEX: Female	6. COLOR OR RACE: Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: July-12-1885	9. AGE (To years last birthday): 64	IF UNDER 1 YEAR: Months: Days: Hours: Min.	IF UNDER 1 YEAR: Months: Days: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House w. g. c.	10b. KIND OF BUSINESS OR INDUSTRY: Unemployed	11. BIRTHPLACE (State or foreign country): Greenwood La.	12. CITIZEN OF WHAT COUNTRY: U.S.A.			

13a. FATHER'S NAME: Sam Jackson	13b. MOTHER'S MAIDEN NAME: Dont know	14. NAME OF HUSBAND OR WIFE: Henry Ramsey (Dec.)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO	16. SOCIAL SECURITY NO.: None	17. INFORMANT'S SIGNATURE OR NAME: Louis Westfall	ADDRESS: 2303 Wabash-
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH First - Severe Thrombosis 70% Body Pulmonary Congestion Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Congestion of all body organs		INTERVAL BETWEEN ONSET AND DEATH E979
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION General Hoop # 2	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify): suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): at home	21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE): Kansas city Jackson Mo
21d. TIME OF INJURY: 5-17-50	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR: Burns from papers set afire in bath tub

22. I hereby certify that I attended the deceased from 19 to 19, that I last saw the deceased alive on 19, and that death occurred at 3:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE: Thos. Holmes	23b. ADDRESS: 1612 E 12th	23c. DATE SIGNED: 5/19/50
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24a. BURIAL CREMATION REMOVAL (Specify): Burial	24b. DATE: May-22-1950	24c. NAME OF CEMETERY OR CREMATORY: Lincoln Cemetery	24d. LOCATION (City, town, or county) (State): Kansas City, Mo.
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DATE REC'D BY LOCAL REG.: 5-20-50	REGISTRAR'S SIGNATURE: Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE: West Appleton & Jones	ADDRESS: City.
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WRITE PLAINLY - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed.....
C. Bennett

Licensed Embalmer No. 45437

P. O. Address 640 Green Ave

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.