

OCT 18 1939
Registration District No. **399**

Primary Registration District No. **1602**

1. PLACE OF DEATH:

(a) County Jackson **2**
(b) City or town J. C. Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Eva W. Ramsey

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Fe

5. Color or race w

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

6. (b) Name of husband or wife Charles W. Ramsey

6. (c) Age of husband or wife if alive 20 years

7. Birth date of deceased (Month) June

(Day) 13 (Year) 1865

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>3</u>	<u>9</u>	hr. min.

9. Birthplace

Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation

Housework

11. Industry or business

Home

MOTHER FATHER

12. Name James Wesley Worley

13. Birthplace Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Wenderson

15. Birthplace Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Clara Toland

(b) Address 2524 Juney

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Sept 23-39
(Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Park Hill

18. (a) Signature of funeral director Robert Henderson

(b) Address no

19. (a) 9/22/39 (Date received local registrar)

(b) M. D. Brown (Registrar's signature)

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. 2524 - Juney
(If rural, give location)
(e) If foreign born, how long in U. S. A.? life years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22
year 39 hour 4 minute 30 a.m.

21. I hereby certify that I attended the deceased from Aug 16
1939, to Sept 22, 1939
that I last saw h. u alive on Sept 22, 1939
and that death occurred on the date and hour stated above

Immediate cause of death Coronary Arteriosclerosis Duration 16

Due to Hypertension, Benidley

Due to 9/22

Other conditions None
(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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Ralph Perry (M. D. or other)
Address 480 E 24 Date signed 9-22-39

WHILE FILLING IN—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

John B. Lang

Licensed Embalmer No.....

P. O. Address.....

2956

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, above space should be left blank.