

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. _____

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:
3904 East 16th St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 4 years and 6 months
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary E. Rambo 510

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Fe 5. Color or race Col. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife O. R. Rambo 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 17, 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>11</u>	<u>7</u>	hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Aaron Thomasson

18. Birthplace North Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Artemese Loubet
 15. Birthplace Louisiana
(City, town, or county) (State or foreign country)

16. (a) Informant C. E. Rambo

(b) Address 3904 East 16th Street

17. (a) Removal (b) Date thereof 6/26/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pine Bluff, Arkansas

18. (a) Signature of funeral director Watkins Bros.

(b) Address 1729 Lydia

19. (a) June 26, 1940 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 3904 East 16th St.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
 year 1940 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from June 20
1940, to June 24, 1940
 that I last saw her alive on June 24, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 3 days

Due to arterial hypertension 4 years

Due to MI

Other conditions Arterial fibrillation 4 years
(Include pregnancy within 3 months of death)

Major findings: none
 Of operations _____

Of autopsy none

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 Hubert Asher (M. D. or other) M. D.
 Address 11220 Hwy. 100 Date signed 6-25-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Geobon Asher

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

Isaac Jerome Manlove

Licensed Embalmer No.

3997

P. O. Address

1120 E. 23rd St.

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.