

Filed OCT 13 1941
Registration District No. 1002

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Childrens Mercy Hosp. / 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks
In this community Non-Res (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Johnson
(c) City or town Zarah Kansas
(If outside city or town limits, write "RURAL")
(d) Street No. 6
(If rural, give location)
(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14
year 1941 hour 5 minute 45 P.M.
21. I hereby certify that I attended the deceased from August 25
1941 to Sept. 14, 1941
that I last saw him alive on Sept 14, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Brain Abscess
Due to otitis media
Other conditions BC Kidney
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: 20
Of operations
Of autopsy

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 Frank S. Hogue (M. D. or other)
Address 103 Wood Place Date signed 9/14/41

3. (a) PRINT FULL NAME Henry Louis Ramirez
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex male 5. Color or race Mexican
6. (a) Single, widowed, married, divorced — 0
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Sept. 16 - 1928
(Month) (Day) (Year)

8. AGE: Years 12 Months 11 Days 28
If less than one day hr. min.

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

10. Usual occupation School boy

11. Industry or business Grade School

12. Name George Ramirez

13. Birthplace San Petisi 3 Mexico
(City, town, or county) (State or foreign country)

14. Maiden name Soledad Juarez

15. Birthplace Juarez 3 Mexico
(City, town, or county) (State or foreign country)

16. (a) Informant George Ramirez

(b) Address Zarah, Kansas

17. (a) Buried (b) Date thereof Sept. 16 - 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shamuel Kan. Cem

18. (a) Signature of funeral director N. Simmons

(b) Address 1404 So 27 St

19. (a) 9/15/41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

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

14
3
8

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.....

H. Johnson

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

H. Johnson

Licensed Embalmer No. *3903*

P. O. Address. *ICK*

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.