

FILED NOV 13 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 34011  
3951  
Registrar's No.

Registration District No. 379

Primary Registration District No. 10-2

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:  
Convalescent Home, 2641 Forest  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 52 years 4 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL") 2  
(d) Street No. 4201 Walnut Street  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Mrs. Malinda Jane Ramey

(b) If veteran, name war No

(c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Charles Ramey, deceased

6. (c) Age of husband or wife if live \_\_\_\_\_ years

7. Birth date of deceased April 3 1858

(Month) (Day) (Year)

8. AGE:

Years 83 Months 6 Days 19  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace DeWitt County Illinois

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

10. Usual occupation At Home

11. Industry or business

12. Name Orin Cody

13. Birthplace Not Known

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

14. Maiden name Malinda Michaels

15. Birthplace Illinois

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

16. (a) Informant George Shannon

(b) Address 4201 Walnut St.

17. (a) Burial (b) Date thereof 10-24-41

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Mo.

19. (a) 10/23/41 (b) M. M. Crowe

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 22  
year 1941 hour 10 minute 20 P. M.

21. I hereby certify that I attended the deceased from April 15 1941 to Sept 27 1941  
that I last saw h.c. alive on Sept 27 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia  
Lobar  
Due to Sevility, Ascheia  
Due to 108

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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) \_\_\_\_\_  
by means of injury \_\_\_\_\_

23. Signature Chester E. Lee (M. D. 0)  
Address 1578 Professional Bldg. KCMO Date signed 10-25-41

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

48  
3  
8

*Dr. Chester Lee  
Prof. B. B. Bly  
2-5-1*

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**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 *Elmer C. Reddick*

Licensed Embalmer No. *3495*

P. O. Address *Kansas City 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.**