. S. No. 2
OM—5-42
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 24 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32924

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3811

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: General Hospital No. 2 O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9-27-42-10-7-42 (Specify whether In this community about 25 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3 8

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 1821 Lydia (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) O

If yes, name country

3. (a) PRINT FULL NAME MAGGIE RAMSEY

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro 3

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife George Ramsey

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

7. Birth date of deceased About (Month) (Day) 1892 (Year)

8. AGE: Years About 50 Months Days — If less than one day hr. min.

9. Birthplace Marshall (City, town, or county) Missouri (State or foreign country) O

10. Usual occupation None

11. Industry or business None

FATHER
12. Name James Brown
13. Birthplace (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Susan Weldon
15. Birthplace Osage Co., Mo. (City, town, or county) O (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/15/42 (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Lawn

18. (a) Signature of funeral director E. Sterling Bills

(b) Address 1212 Vine St.

19. (a) 10-15-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7 year 1942 hour 1 minute 45 a. M.

21. I hereby certify that I attended the deceased from September 27 1942, to October 7 1942; that I last saw her alive on October 7 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia (Terminal)

Due to Marked Pyorrhea Alveolaris

Due to 30 g

Other conditions Psychosis with central nervous system lues (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? (Specify type of place)

While at work? (e) Means of injury O

23. Signature [signature] (M. D. ~~or other~~)

Address Gen. Hosp. #2-600 E 22 Date signed 10-12-42

(Licensed Embalmer's Statement on Reverse Side)

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 E. Sterling Bills

Licensed Embalmer No. 3178

P. O. Address 1212 Vine K.C.M.

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.