

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

FILED APR 15 1944  
Registration District No. **149**

Primary Registration District No. **1002**

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:  
**K. General Hospital No. 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **8 days**  
(Specify whether  
In this community **20 yrs.**  
years, months or days)

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. **3710 Walnut**  
(If rural, give location)  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME **Tillie Mae Ramoth,**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive **1870** years

7. Birth date of deceased **Sept. - 1870**  
(Month) (Day) (Year)

8. AGE: Years **73** Months **7** Days **-** If less than one day hr. min.

9. Birthplace **St. Joseph Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **John Ramoth**

13. Birthplace **unknown** 9  
(City, town, or county) (State or foreign country)

14. Maiden name **Catherine -**

15. Birthplace **unknown** 9  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. C. J. Thompson**

(b) Address **2412 Foreon St., St. Joseph**

17. (a) **removal** (b) Date thereof **4-5-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **M. Mora Cam., St. Joe, Mo.**

18. (a) Signature of funeral director **John E. Guffey**

(b) Address **6054 Myron St. Joseph, Mo**

19. (a) **4-4-44** (b) **T. C. Brown**  
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **3**  
year **1944** hour **8** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **March 26**, 19 **44** to **April 3**, 19 **44**  
that I last saw her alive on **April 3**, 19 **44**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of rectum with perforation-Peritonitis**  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **46a**  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy **See above**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Mode 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? **Joe, Mo.**

While at work? \_\_\_\_\_ (Specify type of place) (g) Means of injury **0**

23. Signature **D. E. Walker** Med. Dir. **M. D.**  
(M. D. or other) **4-4-44**

Address **Gen'l Hosp 23 McCoy** Date signed \_\_\_\_\_

**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 E. Rupp*

Licensed Embalmer No. *3986*

P. O. Address *St. Joseph, 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.**