

FILED APR 6 1949

State File No. _____

1233

Registration District No. _____

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: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 hours
In this community 7 hours
(Specify whether 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. 2961 Lockridge
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME INFANT RAMSEY

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

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: March 15th, 1944
(Month) (Day) (Year)

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

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER { 12. Name Robert Ramsey
13. Birthplace Kansas City, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Theodora Puhr
15. Birthplace Kansas City, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Ramsey
(b) Address 2961 Lockridge

17. (a) Burial (b) Date thereof 3/16/1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Durbin & Dolan Co.
(b) Address 20 West Linwood Blvd.

19. (a) 3-18-44 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 16th
year 1944 hour 12: minute 28 AM.

21. I hereby certify that I attended the deceased from 3/15 to 3/16, 1944, that I last saw him alive on 3/15, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Deceleration of Tertorizime Cerebral Hemorrhage
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 160a

Major findings: Of operations _____
Of autopsy as above

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) (c) Means of injury _____

23. Signature P. J. Cornell MD (M. D. or other) _____
Address 207 W. Walnut Blvd Date signed 3/17/44

Duration during delivery

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No.

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.