

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 22 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3630

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. Joseph Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 Week
 In this community 5 years (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. 44 West 57th Terrace
 (If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country X

3. (a) PRINT FULL NAME Mrs. Frances Ruth Ramee
 3. (b) If veteran, name war no.
 3. (c) Social Security No. no.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month September day 5th
 year 1944 hour _____ minute _____ A. M.
 21. I hereby certify that I attended the deceased from August 15
 1944 to Sept 5 1944
 that I last saw her alive on 9-5
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Col Per Ramee
 6. (c) Age of husband or wife if alive unknown years
 7. Birth date of deceased June 19th 1881
 (Month) (Day) (Year)

Immediate cause of death
Rheumatic Heart Disease
 Duration 2 days

8. AGE: Years 63 Months 2 Days 17
 If less than one day hr. _____ min. _____

Due to Coronary Failure
 Due to Mitral Stenosis
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: 92%
 Of operations _____
 Of autopsy _____

9. Birthplace Minnesota
 (City, town, or county) (State or foreign country)
at home

10. Usual occupation _____
 11. Industry or business X

12. Name John B. Wayman

13. Birthplace Minnesota
 (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Colby
 (City, town, or county) (State or foreign country)

15. Birthplace New York
 (City, town, or county) (State or foreign country)

16. (a) Informant 44 W. 57th Ter, Kansas City, Mo.

(b) Address 44 W. 57th Ter, Kansas City, Mo.

17. (a) Buried (b) Date thereof 9-8-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leavenworth, Kansas.

18. (a) Signature of funeral director Stine & McClure
 (b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 9-7-44 (b) P. C. Brown
 (Date received local registrar) (Registrar's signature)

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 MO
 23. Signature P. C. Brown (M. D. or other)
 Address KC Mo Date signed 9-7-44

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

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

Dr. Wm. Ketcham

Wallace Bldg.

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 Paul J. Ballou

Licensed Embalmer No. 4306

P. O. Address K. E. Missouri

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.