

S. No. 2
M-543
v. 5-17-39
p. 1 X36671

FILED JAN 21 1946
Registration District No. 177

Primary Registration District No. 1002

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

100378

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. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 mo. 1 day
(Specify whether
 in this community 25 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. 2135 Bellevue
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Maximo Ramirez

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

4. Sex Male (5. Color or race) Mex
 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Theresa Romero
 6. (c) Age of husband or wife if alive unk years
 7. Birth date of deceased Aug 10 1922
(Month) (Day) (Year)

8. AGE: Years 73 Months 4 Days 11
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business LC Terminal

12. Name Phillip Ramirez
 13. Birthplace Mexico
(City, town, or county) (State or foreign country)

14. Maiden name unknown
 15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Theresa Romero

(b) Address 2135 Bellevue
 17. (a) Burial (b) Date thereof 12-24-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Marys

18. (a) Signature of funeral director W. H. ...

(b) Address 15-25-45
 19. (a) 12-25-45 (b) Sheldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21
 year 1945 hour 1 minute 30P. M.

21. I hereby certify that I attended the deceased from Nov. 20, 1945, to Dec. 21, 1945;
 that I last saw him alive on Dec. 21, 1945;
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia lower lobes bilaterally following cardiac decompensation
 Due to _____

Due to _____

Other conditions 2
(Include pregnancy within 3 months of death)

Major findings: 95C
 Of operations _____
 Of autopsy See above

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)
 (e) Means of injury _____

23. Signature Clark W. Seely
 Address Med. Dir. Gen'l Hosp. Date signed 12-24-45

Dr. Ellis

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 *Detla B. Lupton*.....

Licensed Embalmer No. *04973*.....

P. O. Address *165710*.....

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.