

FILED JUN 25 1946

Registration District No. **149** Primary Registration District No. **1002**

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

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:
2518 East 25th Street /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution none
(Specify whether years, months or days)
 In this community 64 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson **48**
 (c) City or town Kansas City **3**
(If outside city or town limits, write "RURAL")
 (d) Street No. 2518 East 25th Street **P**
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No) **1**
 If yes, name country _____

3. (a) PRINT FULL NAME Marty H. RAMING
 3. (b) If veteran, name war No 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 11 year 1946 hour 6 minute 15 A. M.
 21. I hereby certify that I attended the deceased from 1943 to June 11, 1946
 that I last saw him alive on June 10, 1946 and that death occurred on the date and hour stated above.

4. Sex male 5: Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased May 22 1882
(Month) (Day) (Year)

Immediate cause of death leucosarcia oculorum
 Duration _____

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>0</u>	<u>19</u>	hr. min.

Due to _____
 Due to _____

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Information Clerk
 11. Industry or business City Hall, K.C., Mo.

Other conditions 94a
(Include pregnancy within 3 months of death)

MOTHER FATHER
 12. Name Herman H. Raming
 13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Ann Gallagher
 15. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings: 94a
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Marty B. Raming
 (b) Address 4914 Highland, K. C., Mo.
 17. (a) Burial (b) Date thereof 6-13-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Greenlawn Cemetery

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) no
 (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? _____

18. (a) Signature of funeral director Melody-McGilley-Eyler
 (b) Address 1800 E. Linwood Blvd.
 19. (a) 6-12-46 (b) Sheraldine Holman
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (e) Means of injury 0
 23. Signature Esther Hatt (M. D. or other)
 Address 6454 463870 Prairie Date signed 6-11-46

3850 Prospect
Ma. 6110

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 comply with the above constitutes grounds for revocation of license.)

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