

**FILED** AUG 14 1946  
Registration District No. 149

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:  
Parkview Hotel, 1000 the Paseo  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 26 years  
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. 1000 the Paseo  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mima Mae Ringgold

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Mar.  
6. (b) Name of husband or wife Oliver F. 6. (c) Age of husband or wife if alive 46 years  
7. Birth date of deceased Dec. 18 1904  
(Month) (Day) (Year)

8. AGE: Years 41 Months 7 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Homemaker

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

MOTHER FATHER { 12. Name James P. Sullivan  
13. Birthplace Michigan  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Alice Hickey  
15. Birthplace Michigan  
(City, town, or county) (State or foreign country)

16. (a) Informant Oliver F. Ringgold  
(b) Address 1000 the Paseo

17. (a) Burial (b) Date thereof Aug. 3, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director C.H. Blackman & Son, Inc.  
(b) Address 2825 Independence Blvd.

19. (a) 8-2-46 (b) Steraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1946 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from MARCH 10th 1946 to JULY 31st 1946 that I last saw her alive on JULY 30th 1946 and that death occurred on the date and hour stated above.  
Immediate cause of death Heart failure Duration \_\_\_\_\_

Due to Mediastinal Carcinoma

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 478 Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

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 \_\_\_\_\_  
Signature Richard P. Musico M.D. Address Parkview Hotel Date signed 8-1-46

1924 E 31st ST. 46

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

22631

**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..... *W. D. Blackman* .....

Licensed Embalmer No. *3639* .....

P. O. Address..... *19 E. 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.**