V. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 8 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30432

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4034

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Kansas City Convalescent Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mos. (Specify whether
In this community 48 Years
years, months or days)

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. 610 West 35th Street 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 9

If yes, name country

3. (a) PRINT FULL NAME George J. Ronksley

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Sarah Ann Ronksley

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. (Month) 24 (Day) 1863 (Year)

8. AGE: Years 83 Months 6 Days 28 If less than one day hr. min.

9. Birthplace Chesterfield, Ill. (City, town, or county) Macoupin Co. (State or foreign country)

10. Usual occupation Repair Man

11. Industry or business

FATHER
12. Name William Ronksley
13. Birthplace (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Mary Roberts
15. Birthplace (City, town, or county) England (State or foreign country)

16. (a) Informant George W. Ronksley
(b) Address 1128 West 41st. Terrace

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 - 25 - 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Freeman Mortuary & Chapel
(b) Address 104 West 42nd St., Kansas City, Mo.

19. (a) 9-24-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22
year 1946 hour 8:45 minute P. M.

21. I hereby certify that I attended the deceased from Aug 15, 1946, to Sept. 22, 1946
that I last saw him alive on Sept. 19, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death 1. Arteriosclerosis, generalized, severe, cause undetermined

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations — None 97

Of autopsy — No.

Duration

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Paul E. Pearson (M. D. or other)
Address 1025 Realty Bldg. K.C. Mo. Date signed 9/23/46

(Licensed Embalmer's Statement on Reverse Side)

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. Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address. Kansas City, 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.