

FILED AUG 19 1947
 149

State File No. _____
 Registrar's No. **3343**

Registration District No. _____

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: **General Hospital** **0**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **5 1/2 hours**
(Specify whether years, months or days)
 In this community **30 years**

3. (a) PRINT FULL NAME **Miss Ella Martha Ramsey**

3. (b) If veteran, name war **no.** 3. (c) Social Security No. **no.**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife **x** 6. (c) Age of husband or wife if alive **x** years

7. Birth date of deceased **July 24 1878**
(Month) (Day) (Year)

8. AGE: Years **69** Months **0** Days **10** If less than one day **hr. min.**

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

10. Usual occupation **at home**

11. Industry or business **x**

MOTHER FATHER { 12. Name **unknown** 9
 13. Birthplace **unknown**
(City, town, or county) (State or foreign country)
 14. Maiden name **Mary Cleave**
 15. Birthplace **Pennsylvania**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Robert Rose,**
 (b) Address **909 Lefler, Topeka, Kansas.**

17. (a) **removal** (b) Date thereof **8-6-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Erie, Pennsylvania**

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

19. (a) **8-6-47** (b) **Steraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**
 (c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
 (d) Street No. **808 West 28th Street,**
(If rural, give location)
 (e) Citizen of foreign country? **no.** (Yes or No)
 If yes, name country **x**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **4**
 year **1947** hour **8:56** minute **P.** M.

21. I hereby certify that I attended the deceased from **Lawson**, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Insufficiency**
due to Myocardial Infarction

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: **950**
 Of operations _____

Of autopsy **no**
Histology + Biopsy

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 **3**

Signature **Jacqueline Walker** (M. D. or other) **3**
 Address **1247 1/2 St** Date signed **8-5-47**

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.