No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 12 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8882

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1298

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: 707 Cherry
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 20 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. 707 Cherry 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Otis T. Ramer

3. (b) If veteran, name war no

3. (c) Social Security No. 500-22-4731

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Mary Ramer

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased July (Month) 4, (Day) 1871 (Year)

8. AGE: Years 76 Months 8 Days 19 If less than one day hr. min.

9. Birthplace (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation night watchman

11. Industry or business Banker's Patrol

FATHER
12. Name unknown 7
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown 9
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Ramer

(b) Address 707 Cherry

17. (a) cremation (Burial, cremation, or removal) (b) Date thereof Mar. 25, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Freeman Mortuary

(b) Address 42nd. St. & Mill Creek Pkway.

19. (a) 3-24-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23 year 1948 hour 4 minute 50P. M.

21. I hereby certify that I attended the deceased from Jan. 6, 1947 to March 23, 1948; that I last saw him alive on March 23, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death endocarditis	yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 92	

Major findings:
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature C. O. Larson (M. D. or other) DO

Address 4 & 6 Ridge Bldg Date signed 3-24-48

(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.....

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.

WRITE PLAINLY—USE UNI

(City, town, or county) (State or foreign country)

10. Usual occupation Night watchman

11. Industry or business Bankers Patrol

FATHER
12. Name Don't Know
13. Birthplace Don't Know
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Don't Know
15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Ramer
(b) Address 707 Cherry

17. (a) Cremation (b) Date thereof Mar. 25, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Freeman Mortuary
(b) Address 42nd. St. & Mill Creek Pkwy.

19. (a) 3-24-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

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(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 C D Larson (M. D. or other) DO
Address 426 Ridge Bldg. Date signed 3-24-48

(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 Elmer C. Wedelin

Licensed Embalmer No. 3495

P. O. Address K. C. 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.