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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 20 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36820

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4449

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: Research Hospital, Kansas City, Missouri (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Weeks (Specify whether In this community Life years, months or days)

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") 5

(d) Street No. 4526 Garfield Ave., (If rural, give location) 8

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

If yes, name country

3. (a) PRINT FULL NAME Anton G. Ramel

3. (b) If veteran, name war No

3. (c) Social Security No. 487-07-9176

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Lucile E. Ramel

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased May (Month) 20 (Day) 1892 (Year)

8. AGE: Years 56 Months 5 Days 11 If less than one day hr. min.

9. Birthplace Sioux City (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Building Contractor

11. Industry or business Own Business

FATHER
12. Name Frank Ramel 4
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ? Turner 1
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Frank E. Ramel

(b) Address 57 & Blue Ridge Cutt Off K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 3-48 (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery,

18. (a) Signature of funeral director Jos. A. Butler's Sons

(b) Address 22 South 18th. St. K.C.K.

19. (a) 11-1-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31th. year 1948 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from 1943, 19 , to October 31, 1948 that I last saw him alive on October 31, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion c̄ Ventricle Fibrillation as mode of exit.	10-12-48
Due to	
Due to	
Other conditions Hodgkins Disease (Include pregnancy within 3 months of death)	1940

Major findings: Of operations 44 K

Of autopsy Ant. Descending Coronary Completely occluded c̄ Ventricle Infarction

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? Frank B. Leitz (Specify type of place)

While at work? (e) Means of injury

23. Signature Frank B. Leitz (M. D. or other) MD

Address 1500 Prof Bldg K.C.M. Date signed 10-1-48

(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 Russell W Dennis

Licensed Embalmer No. 3462 Missouri

P. O. Address Kansas City 2, Kansas

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.