

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

3113
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
 (b) Township Galena Primary Registration District No. 2002 Registered No. _____
 (c) City Joplin (d) Street No. St. John's Hospital St. _____
 (If death occurred in Hospital or Institution write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 40 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Florence Elisabeth Ramsour 526
 (a) Residence, No. 918 Wall St St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-24-38

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

22. I HEREBY CERTIFY That I attended deceased from Jan 21, 1938, to Jan 24, 1938.
 I last saw her alive on Jan 24, 1938. Death is said to have occurred on the date stated above, at 8:10 p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12 1880
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 8 12

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Saleslady
 10. Date deceased last worked at this occupation (month and year) 1-22-38
 11. Total time (years) spent in this occupation 30 yrs

Cerebral Thrombosis or hemorrhage.
(She was unconscious when I first saw her 1 1/2 hours before death.)
 Date of onset 1/24/38
 Other contributory causes of importance: Extreme hypertension

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newton County, Mo.

Name of operation _____ Date of _____
 What test confirmed diagnosis Clinical Was there an autopsy? No

FATHER 13. NAME Bertan Ramsour
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newton County, Mo.

MOTHER 15. MAIDEN NAME Kallie Smith
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newton County, Mo.

17. INFORMANT (ADDRESS) Mr. Bert Ramsour
306 N. Wall St. Joplin

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REINTERMENT PLACE Ramsour Cemetery DATE Jan 26 1938

Manner of injury _____
 Nature of injury _____

19. FUNERAL DIRECTOR (ADDRESS) Frank - Seivers
Joplin, Mo.

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify Kath. L. Neff, M. D.
 (Signed) _____ (Address) _____

20. FILED 1-25-38 Ed J. Ramsour Local Registrar.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

459
559
5

RECEIVED

FEB 25 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, David Dillon, Licensed Embalmer No. 3898

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed David Dillon

Licensed Embalmer No. 3898

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.)