

REC'D JUL 11 1938

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

22234

Do not use this space.

1. PLACE OF DEATH <sup>2</sup>  
(a) County Coleda Registration District No. 449  
(b) Township Osage Primary Registration District No. 5618  
(c) City ..... (d) Street No. .... Registered No. ....  
(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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.  
2. PRINT FULL NAME Ebbe Ramsey 5011  
(a) Residence, No. Osage 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

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Ramsey  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 2 1866  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
72 2 20  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as saw mill, bank, etc. ....  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky  
13. NAME Ed Ramsey  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky  
15. MAIDEN NAME Untermyer  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Untermyer  
17. INFORMANT (ADDRESS) John Ramsey  
Osage  
18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation DATE 6/23 1938  
Crossroads  
19. FUNERAL DIRECTOR (ADDRESS) E. H. Stewart  
Lebanon Mo  
20. FILED 6/23 1938 J. A. M. Lamb  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22, 1938  
22. I HEREBY CERTIFY, That I attended deceased from 10-29, 1937 to June 22, 1938.  
I last saw him alive on June 21, 1938. Death is said to have occurred on the date stated above, at 7:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Hypertensive  
Cardio-Vascular  
Disease Class III

Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? No  
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.  
Manner of injury .....  
Nature of injury .....  
24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify Paul A. Jenkins, M. D.  
(Address) Lebanon Mo

STATEMENT BY LICENSED EMBALMER

I, E N Stewart, Licensed Embalmer No. 1885

hereby certify that the body recorded on the reverse side of this certificate was embalmed by this body was not E

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed E N Stewart

Licensed Embalmer No. 1885

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**