

REC'D APR 13 1939

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

12195

Do not use this space.

1. PLACE OF DEATH

(a) County Ste Genevieve 2 Registration District No. 934
(b) Township Union 1 Primary Registration District No. 6026 Registered No. _____
(c) City _____ (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(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

520 Rosabelle Jero Ransey
(a) Residence, No. Farmington Rt. 3 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 female 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 D. W. Ramsey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/23/1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 7 11

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housekeeper
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) Ottagamir county Wisconsin 1

13. NAME Thomas Jero
New York 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York 9

15. MAIDEN NAME Rose Beltzore
don't know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) D. W. Ramsey Farmington Mo. rt 3

18. BURIAL, CREMATION, OR REMOVAL PLACE Chestnut Ridge DATE 4/6/39 19. _____

19. FUNERAL DIRECTOR (ADDRESS) Farmington Und. Co Farmington, Missouri

20. FILED April 10 1939 Res Joseph H. Kessner 850 (Address) Farmington Mo
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-2 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-4, 1939, to 4-2, 1939

I last saw her alive on 3-24, 1939 Death is said to have occurred on the date stated above, at 3:15 p. m.

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

Hypertensive cardio-vascular disease & decompensation
59
Other contributory causes of importance: Diabetes mellitus

Date of onset

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 _____
(Signed) A. Philander Cunniff M. D.
(Address) Farmington Mo

STATEMENT BY LICENSED EMBALMER

I, C. Hugo Cozen, Licensed Embalmer No. 4084
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed C. Hugo Cozen
Licensed Embalmer No. 4084

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.)