

REC'D MAY 10 1939

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

15010

Do not use this space.

## 1. PLACE OF DEATH

(a) County Howell Registration District No. 384  
 (b) Township \_\_\_\_\_ Primary Registration District No. 4227 Registered No. \_\_\_\_\_  
 (c) City West Plains, Mo (d) Street No. Cottage Hospital St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred 5 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

Alice Ramsey Hartwell  
 (a) Residence, No. 248 E. Main 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 <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edw. L. Hartwell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 28, 1866</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>2</u>	DAYS <u>12</u>
If LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>None</u>	
	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) <u>Franklin Co., Missouri</u>		
FATHER	13. NAME <u>Silas G. Ramsey</u>	
	14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Franklin Co., Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Mary Ellen Hutton</u>	
	16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>England</u>	
17. INFORMANT <u>Mrs. J.R. Foster</u> (ADDRESS) <u>West Plains, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Oak Lawn Cem.</u> PLACE <u>West Plains, Mo.</u> DATE <u>April 12, 1939</u>		
19. FUNERAL DIRECTOR (NAME) <u>Hal Thornburgh</u> (ADDRESS) <u>West Plains, Mo.</u>		
20. FILED <u>4-11-</u> 1939 <u>Vida W. SIMONS</u> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from Feb 1937, to April 10, 1939  
 I last saw h-er alive on April 9, 1939 Death is said to have occurred on the date stated above, at 6:30 p. m.

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

Carcinoma of Bile Ducts and Liver Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? X-ray, Exam 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) E. B. Bohner, M. D.

(Address) West Plains Mo

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DEPT. OF HEALTH  
BUREAU OF VITAL STATISTICS  
STATE OF ILLINOIS

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, .....

*Hal Thornburgh*

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

*Hal Thornburgh*

Licensed Embalmer No. *3408*

P. O. Address *West Plains*

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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH  
 (a) County Howell Registration District No. 384  
 (b) Township West Plains Primary Registration District No. 4227 Registered No. ....  
 (c) City West Plains (d) Street No. .... 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Alice Ramsey Hartwell  
 (a) Residence, No. .... 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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid
- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
73 2 12
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.  
 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)
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
17. INFORMANT (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE
19. FUNERAL DIRECTOR (ADDRESS)
20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 10, 1939
22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...  
 I last saw h. .... alive on ....., 19... Death is said to have occurred on the date stated above, at ..... m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of Bile ducts and liver  
Primary in bile ducts  
 Other contributory causes of importance  
metastases to liver  
6-2-39 E. C. Bohrer
- Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? .....
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? .....  
 If so, specify .....  
 (Signed) E. C. Bohrer, M. D.  
 (Address) West Plains Mo

SUPPLEMENTARY

N. B. 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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Local Registrar.

