

REC'D JUL 15 1939

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

22290

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson 1 Registration District No. 398
(b) Township..... Primary Registration District No. 3019 Registered No. 182
(c) City Independence (d) Street No. 907 So Delaware 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

(a) Residence, No. 907 So. Delaware 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 3, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 3 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
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 1

12. BIRTHPLACE (CITY OR TOWN) Garrett County
(STATE OR COUNTRY) Arkansas

FATHER 13. NAME Henderson Ramsey

14. BIRTHPLACE (CITY OR TOWN) Osage
(STATE OR COUNTRY) Arkansas

MOTHER 15. MAIDEN NAME Rhoda Ann Sage

16. BIRTHPLACE (CITY OR TOWN) Osage
(STATE OR COUNTRY) Ark.

17. INFORMANT Miss Marie Knight
(ADDRESS) 907 So Delaware

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lenape, Iowa DATE 6/4 1939

19. FUNERAL DIRECTOR (NAME) George C. Carson
(ADDRESS) Independence Mo

20. FILED 6-9-39 1939 F. L. Hoole Local Registrar. 360

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1939 to June 1, 1939

I last saw her alive on May 3, 1939. Death is said to have occurred on the date stated above, at 5:57 m.
The principal cause of death and related causes of importance were as follows:

Myocarditis Acute
chr Nephritis.

Date of onset
May 10 '39

Other contributory causes of importance:

Influenza
Plumbe Effusion.

Jan 1 '39
Jan 10 '39

Name of operation none 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? no 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) George M. Park, M. D.

(Address) 110.22 Wisconsin Rd, Independence, Mo

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.....

Licensed Embalmer No.....

P. O. Address.....

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.