

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

36186
Do not use this space.

1. PLACE OF DEATH

(a) County Harrison Registration District No. 334
 (b) Township Jefferson Primary Registration District No. 5467
 (c) City _____ (d) Street No. _____ 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 ELIZA A. RAMEY

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/15/1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
85 0 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) Kentucky |

FATHER 13. NAME John Kemp |

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky |

MOTHER 15. MAIDEN NAME Frances Hutchison

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Frank Ramey
Bethany, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Morris Chapel DATE 10/19 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. M. Huss & Sons
Bethany, Mo.

20. FILED 10-19- 1939 E. L. Hardison Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/17 1939

22. I HEREBY CERTIFY, That I attended deceased from 2/15 1938 to 10/15 1939

I last saw her alive on 10/15 1939. Death is said to have occurred on the date stated above, at 9 P. m.

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

apoplexy
g. d.
 Date of onset _____

Other contributory causes of importance: _____

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. L. Hardison M. D.
 (Address) Bethany Mo. 3

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
 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.

50M-1-12-38 I X14028

RECEIVED

District Health Officer No. 11,

District No. 1139/1444

Date Filed NOV 7 1939

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, J. N. Hays, or by _____

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

Signed J. N. Hays

Licensed Embalmer No. 2861

P. O. Address Bethany, Mo.

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.