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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36535

Registration District No. 832 Primary Registration District No. 6081 Registrar's No.

1. PLACE OF DEATH:

(a) County SHANNON Jasper

(b) City or town Rural

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shannon

(c) City or town Rural Jasper Tap

(If outside city or town limits, write "RURAL")

(d) Street No. 0

(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME George E Ramsey

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 4 (Month) 19 (Day) 1913 (Year)

8. AGE: Years 27 Months 6 Days 19 If less than one day hr. min.

9. Birthplace SHANNON Co. (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation INVALID

11. Industry or business A

FATHER
12. Name ASA RAMSEY
13. Birthplace ~~[illegible]~~ (City, town, or county) Ke No. (State or foreign country)

MOTHER
14. Maiden name EFFIE George
15. Birthplace SHANNON Co (City, town, or county) Mo. (State or foreign country)

16. (a) Informant L. E. DUNLAP

(b) Address EMINENCE Mo

17. (a) Summers Cemetery (Burial, cremation, or removal) (b) Date thereof 11-9-40 (Month) (Day) (Year)

(c) Place: burial or cremation Summers Cemetery

18. (a) Signature of funeral director PHIL A LEUCKEL

(b) Address VAN BUREN Mo

19. (a) 11-8-40 (Date received local registrar) (b) Frank Hyde MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8 year 1940 hour 4 minute a M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Epilepsy	
Due to	
Due to 85	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 744 (Specify type of place)

While at work? (e) Means of injury

23. Signature Frank Hyde (M. D. or other) 1

Address Eminence Mo Date signed 11-8-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 1190150
Date Filed _____

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.