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22315

MAR 14 1941

Registration District No. 218

Primary Registration District No. 3015

Registrar's No. 31

1. PLACE OF DEATH:
 (a) County COOPER
 (b) City or town BOONVILLE
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
406 WALNUT STREET
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution TWO YEARS
(Specify whether years, months or days)

3. (a) PRINT FULLNAME WILLIAM HENRY RAMSEY

3. (b) If veteran, name war NONE
 3. (c) Social Security No. NONE

4. Sex MALE
 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced / MARRIED

6. (b) Name of husband or wife LUCY ELLEN RAMSEY

7. Birth date of deceased JUNE 12 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>8</u>	<u>21</u>	hr. min.

9. Birthplace SHANNON COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation CARPENTER

11. Industry or business CARPENTRY

MOTHER FATHER { 12. Name CHARLES SAMUEL RAMSEY

13. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)

14. Maiden name NANCY JANE LEE

15. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)

16. (a) Informant MRS LUCY ELLEN RAMSEY

(b) Address BOONVILLE, MISSOURI

17. (a) BURIAL (b) Date thereof MARCH 8 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WALNUT GROVE CEMETERY

18. (a) Signature of funeral director STEGNER & KOENIG

(b) Address BOONVILLE, MO

19. (a) 3-8-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County COOPER
 (c) City or town BOONVILLE
(If outside city or town limits, write "RURAL")
 (d) Street No. 406 WALNUT STREET
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION 5-11
 20. DATE OF DEATH: Month MARCH day 7th
 year 1941 hour 11 minute 0 P. M.

21. I hereby certify that I attended the deceased from Dec 14 1940 to Mar 5 1941
 that I last saw him alive on March 5 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

Due to MI

Due to none
 Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
 Of operations none
 Of autopsy none

Duration 4 weeks
 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? MI

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature T. C. Beckett (M. D. or other) MD
 Address Boonville, mo Date signed 3-6-41

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

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed.....

James W. Stegner

..... Licensed Embalmer No.

3780

..... P. O. Address.....

Boonville, Va

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, fact should be so stated above.