

FILED JUL 23 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21538

Registration District No. 241

Primary Registration District No. 5359 4147

Registrar's No. 12 83

1. PLACE OF DEATH:

(a) County DALLAS
(b) City or town BUFFALO MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 70 yrs 4 months 5 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dallas
(c) City or town BUFFALO MO 30
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Venice Ramsey Morrow

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Harvey Morrow 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased 2 13 1871
(Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace BUFFALO MO
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER { 12. Name A.A. Ramsey
13. Birthplace Ind!
(City, town, or county) (State or foreign country)
14. Maiden name Maria Triplett
15. Birthplace Ind!
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Morrow

(b) Address BUFFALO MO

17. (a) Burial (b) Date thereof 6-20-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BUFFALO CEM.

18. (a) Signature of funeral director H.B. Jones

(b) Address BUFFALO MO

19. (a) _____ (b) Harry Moran
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 18
year 1941 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from 5-20-1941
1941 to 6-18- 1941
that I last saw her alive on 6-18- 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Encephalitis Duration 28ds
Due to Had been having past treatment for Epithelioma
Due to Prior to that had received Radium treatment
Other conditions n. m. o.
(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? 218
(Specify type of place) (e) Means of injury _____
23. Signature [Signature] (M. D. or other) [Signature]
Address Buffalo MO Date signed 6-30-41

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

RECEIVED

District Health Officer No. 7,

District File Number 7-41-1204

Date Filed 7-22-41

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 Lyle Montgomery

Licensed Embalmer No. 3592

P. O. Address Buffalo, N.Y.

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.