

FILED SEP 12 1941
Registration District No. 399

Primary Registration District No. 10-2

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Jackson
(c) Name of hospital or institution W. B. Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community unknown years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Jackson
(If outside city or town limits, write "RURAL")
(d) Street No. 412 Main
(If rural, give location)
(e) Citizen of foreign country? unknown (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WM RAMSEY
3. (b) If veteran, name war unknown 3. (c) Social Security No. unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 8 day 14 year 1941 hour _____ minute _____
21. I hereby certify that I attended the deceased from 8:00 P. to _____ 19____
that I last saw him/her alive on _____ 19____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced unknown
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased _____ (Month) (Day) (Year)

Duration _____
D Chronic myocarditis
Due to 932
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years app 65 Months _____ Days _____ If less than one day hr. _____ min. _____
9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

Major findings: Of operations _____ Of autopsy dissection
PHYSICIAN _____ Underline the cause to which death should be charged statistically.

10. Usual occupation _____
11. Industry or business _____
12. Name unknown
13. Birthplace unknown (City, town, or county) _____ (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) _____ (State or foreign country)

16. (a) Informant Corona
(b) Address Court Hayes
17. (a) Burial (b) Date thereof 8/16/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Maple Hill P.C.K.
18. (a) Signature of funeral director Stiblets - Carrallo
(b) Address 901 S. M. Brown
19. (a) 8/16/41 (b) _____ (Registrar's signature)
(Date received local registrar)

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? _____
(Specify type of place) (Specify means of injury)
23. Signature W. B. Main (M. D. or other) 3
Address W. B. Main Date signed _____

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 _____

Ray E. Snow

Licensed Embalmer No. 2570

P. O. Address 1807 Cash 1984

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.