

0. 2
13-40
7-39
X23159

State File No. _____

SEP 4 1941

Primary Registration District No. 6061

Registrar's No. _____

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

1. PLACE OF DEATH: *Scott*

(a) County *Scott*

(b) City or town *Lebanon, Kansas 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 _____ (Specify whether)

In this community *15 years* years, months or days

2. USUAL RESIDENCE OF DECEASED: *1000*

(a) State *Mo.* (b) County *Scott*

(c) City or town *Illmo* (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME *MOBIE RAMSEY*

3. (b) If veteran, name war *L*

3. (c) Social Security No. _____

4. Sex *FM* 5. Color or race *W*

6. (a) Single, widowed, married, divorced *MARRIED*

6. (b) Name of husband or wife *Chas. Ramsey*

6. (c) Age of husband or wife if alive *67* years

7. Birth date of deceased *April 29 1872*
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *9* day *28*
year *1941* hour *12* minute *10* P.M.

21. I hereby certify that I attended the deceased from *Aug 11*, 19*41*, to *Aug 27*, 19*41*
that I last saw her alive on *Aug 27*, 19*41*
and that death occurred on the date and hour stated above.

Immediate cause of death *Cerebral Hemorrhage*

Duration _____

Due to _____

Due to *83A* _____

Other conditions *arteriosclerosis*
(Include pregnancy within 3 months of death)

*8. AGE: Years Months Days If less than one day

69 *3* *29* hr. min.

9. Birthplace *Cape Girardeau Co. Mo.*
(City, town, or county) (State or foreign country)

10. Usual occupation *Housewife*

11. Industry or business _____

12. Name *Abb Weatherford*

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

14. Maiden name *Elizabeth Powell*

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

16. (a) Informant *Chas Ramsey*

(b) Address *Illmo, Mo.*

17. (a) *Burial* (b) Date thereof *8 29 41*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Oakdale Cem.*

18. (a) Signature of funeral director *Bisplinghoff + Hubbard*

(b) Address *Illmo, Mo.*

19. (a) *8-29-41* (b) *F. J. Dorman*
(Date received local registrar) (Registrar's signature)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____
Of operations _____
Of autopsy _____

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? _____

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

23. Signature *Fred W. Martin* (M. D. or other) *8:30*
Address *Illmo, Mo* Date signed *8-29*

RECEIVED

District Health Office No. 2,

District File Number 944-119

Date Filed 9-3-41

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 Mamie B. Splungloff

Licensed Embalmer No. 3242

P. O. Address Chaffee Ma

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.