S. No. 2
(—1-4-41
. 5-17-39
P I X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 18 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18045

State File No.

Registration District No. 34 Primary Registration District No. 5465 Registrar's No. 37

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Bethany Rural Bethany Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Home 5 mile West of Bethany 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 Twenty Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 41

(a) State Missouri (b) County Harrison

(c) City or town Bethany Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 5 mile East of Bethany
(If rural, give location) 0

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MAGGIE JANE RAMEY

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F 1

5. Color or race W

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

6. (b) Name of husband or wife John Ramey

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

7. Birth date of deceased July (Month) 10 (Day) 1900 (Year)

8. AGE: Years 41 Months 9 Days 5 If less than one day hr. min.

9. Birthplace Harrison County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER 12. Name James Gibson

13. Birthplace (City, town, or county) Scotland (State or foreign country) 4

MOTHER 14. Maiden name Agnis Clelland Gibson

15. Birthplace (City, town, or county) Wisconsin (State or foreign country) 1

16. (a) Informant L. F. Ramey

(b) Address Bethany

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 17 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Kidwell

18. (a) Signature of funeral director W. H. Noble

(b) Address New Hampton Mo

19. (a) 5/4-1942 (Date received local registrar) (b) Zola M. Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 15 year 1942 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov 7 1941, to Apr 15 1942 that I last saw her alive on Apr 15 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Stomach	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations Carcinoma of Stomach, liver, intestine

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Ralph L. Walker (M. D. or other) M.D.

Address Bethany, Mo. Date signed 5/4/42

508 (Licensed Embalmer's Statement on Reverse Side)

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 me W G Noble, Registered Apprentice No. ....., working under my personal supervision.

Signed W G Noble

Licensed Embalmer No. 2904

P. O. Address New Hampton N

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.