

FILED JUL 15 1942

Registration District No. **372**

Primary Registration District No. **5518**

Registrar's No. **44**

44
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: **Holt.**
 (a) County **Holt.**
 (b) City or town **Rural, Benton Township**
 (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 **73 years.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri.** (b) County **Holt. 44**
 (c) City or town **Rural.** (If outside city or town limits, write "RURAL") **0**
 (d) Street No. **0** (If rural, give location) **No.**
 (e) Citizen of foreign country? **0** (Yes or No)
 If yes, name country **0**

3. (a) PRINT NAME **Maude Shultz Ramsey.**
 FULL NAME

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

4. Sex **Female** 5. Color or race **White.** 6. (a) Single, widowed, married, divorced **Married.**

6. (b) Name of husband or wife **John T. Ramsey** 6. (c) Age of husband or wife alive **86** years

7. Birth date of deceased **April 9th, 1869.**
 (Month) (Day) (Year)

8. AGE: Years **73** Months **2** Days **19** If less than one day hr. min.

9. Birthplace **Craig Missouri.**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife.**

11. Industry or business _____

MOTHER FATHER { 12. Name **Christian Shultz.**

13. Birthplace **Ind. 1**
 (City, town, or county) (State or foreign country)

14. Maiden name **Mary Burkhard.**

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

16. (a) Informant **Mrs Mary Stone**

(b) Address **Craig Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **June 30, 42**
 (Month) (Day) (Year)
 (c) Place: burial or cremation **New Liberty.**

18. (a) Signature of funeral director **W. McCrawford.**

(b) Address **Mound City, Missouri.**

19. (a) **6-30-42** (Date received local registrar) (b) **Pauline Dawson** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **June** day **28th.**
 year **1942.** hour **4 P.M.** minute _____ M.

21. I hereby certify that I attended the deceased from **April 26** to **June 28, 1942**
 that I last saw her alive on **June 24, 1942**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**
 Due to **arteriosclerosis**

Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: **83a!**
 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)
 (e) Means of injury _____
 23. Signature **F. E. Hoffman** (M. D. or other) _____
 Address **Mound City** Date signed **6-29-42**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1185

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.....

M. H. Crawford

Licensed Embalmer No.....

1824

P. O. Address.....

Mound City, Mo

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.