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22398

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 15 1942

Registration District No. 810

Primary Registration District No. 4488

Registrar's No. 29

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1
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County, Sevier Co.

(b) City or town, Memphis
(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, 6 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State, Indiana (b) County, Lake

(c) City or town, Hammond 12
(If outside city or town limits, write "RURAL") 0

(d) Street No., 4715 Henry St
(If apt., give location) 760

(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country _____

3. (a) PRINT FULL NAME, AARON FRENCH RAMSEY

3. (b) If veteran, name war _____

3. (c) Social Security No. 312-09-6417

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1942 hour 9 PM minute 30 P.M.

21. I hereby certify that I attended the deceased from May 22 19 42 to May 31 19 42
that I last saw him alive on May 30 19 42
and that death occurred on the date and hour stated above.

4. Sex, Male 5. Color or race, W

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

6. (b) Name of husband or wife, Jessie Ramsey

6. (c) Age of husband or wife if alive, 68 years

7. Birth date of deceased, Dec 10 1869
(Month) (Day) (Year)

Immediate cause of death, arterial hypertension and cardiac valve disease ruptured abdominal aneurysm
Due to, 16 min

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

72 5 21 hr. min.

Due to _____

Other conditions, (Include pregnancy within 3 months of death) 131a

9. Birthplace, Pittsburg Pa
(City, town, or county) (State or foreign country)

10. Usual occupation, pattern maker

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant, Louise Ramsey

(b) Address, Memphis, Mo

17. (a) burial (b) Date thereof, June 2, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation, Memphis cemetery

18. (a) Signature of funeral director, H. W. Ramsey

(b) Address, Memphis, Mo

19. (a) 6-24-42 (b) Bernice Wilson
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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? _____

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

23. Signature, E. E. Hillman (M. D. or other) MD
Address, Memphis, Mo Date signed 6/15/42

1043 (Licensed Embalmer's Statement on Reverse Side)

JAN 26 1942

RECEIVED

District Health Officer No. 10

District File Number 7-42-1402

Date Filed JAN 11 1942

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

Neal Payne

Licensed Embalmer No. 2550

P. O. Address Memphis, Tenn

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22398

Registration District No. 810

Primary Registration District No. 4488

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Scotland Co.
(b) City or town Memphis
(If outside city or town limits, write "RURAL" and name of 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 6 weeks years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 Caron French Ramsey
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 10 (Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 30 (If less than one day) _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Robert Shields Ramsey
13. Birthplace Pittsburg Penna (City, town, or county) (State or foreign country)
14. Maiden name Mary Williams
15. Birthplace Pittsburg Penna (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 8-27-1942 (b) Bernice Wilson (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day _____ year 1942 hour _____ minute 30 P M.
21. I hereby certify that I attended the deceased from _____, 19____; that I have a W will to live on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions (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? _____

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

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

MOTHER-FATHER

SUPPLEMENTARY

S-22398

proving ability to
maintain
proving ability to
maintain