

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: So. E. Mo. Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)
In this community 2 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bollinger 9
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near Lutesville, Mo. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Munroe Ramboe

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Isabelle Ramboe 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Sept 28 1869
(Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 15 If less than one day hr. _____ min. _____

9. Birthplace Bollinger Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. E. Ramboe
(b) Address Lutesville, Mo.

17. (a) Burial (b) Date thereof July 17, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lutesville, Mo.

18. (a) Signature of funeral director Baker Funeral Home
(b) Address Lutesville, Mo. J. B. Baker

19. (a) 7-25-42 (b) J. W. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16th
year 1942 hour 1:00 minute 20P M.

21. I hereby certify that I attended the deceased from 7/15-42 to 7/16, 1942
that I last saw alive on 7/16/42
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration _____
Due to Coronary occlusion

Due to _____

Other conditions 94a
(Include pregnancy within 3 months of death)

Major findings: 94a
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 J. W. Phelps (M. D. or other) _____
Address Lutesville, Mo. Date signed 7/16/42

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

16
1
4

#P

RECEIVED

District Health Officer No. 4

District File Number 841-1033

Date Filed 8-11-42

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 L. C. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.