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S. No. 2
M—9-4-41
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 11 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 605 Primary Registration District No. 4359 Registrar's No. 5804

72
0
0

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

**1. PLACE OF DEATH:**

(a) County New Madrid

(b) City or town Parma Rt. 2 (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 10 mos. years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County New Madrid. 72 0

(c) City or town Parma RT. 2 (If outside city or town limits, write "RURAL") 0

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

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

If yes, name country 0

3. (a) PRINT FULL NAME Geraldean Ramsey

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 0

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 25 (Day) 1941 (Year)

8. AGE: Years 1 Months 2 Days 15 If less than one day hr. min.

9. Birthplace Springfield (City, town, or county) Arkansas / (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Ira Ramsey
13. Birthplace Jerusalum (City, town, or county) Ark. / (State or foreign country)

MOTHER
14. Maiden name Lotha Reynolds
15. Birthplace Rupert Arkansas / (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Clyde Bagby

(b) Address Parma Rt. 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 10 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Scotland Ark.

18. (a) Signature of funeral director W. Newonger

(b) Address Parma, Mo.,

19. (a) Aug 9/42 (Date received local registrar) (b) Mrs S. B. Rademaker (Registrar's signature)

1028

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug day 9 year 42 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 1, 1942 to Aug 9, 1942 that I last saw him alive on Aug. 9, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death illio Colitis. Duration 2 weeks

Due to Hat Weather

Due to ✓

Other conditions ✓ (Include pregnancy within 3 months of death)

119 a

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? ✓ (Specify type of place)

While at work? (e) Means of injury ✓

23. Signature Lyndon Carlstrom (M. D. or other)

Address Malden Date signed Aug 9/42

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**