

FILED OCT 10 1942

Registration District No. 193

Primary Registration District No. 4206 4306

Registrar's No.

1. PLACE OF DEATH:

(a) County McDonald

(b) City or town Goodman, Mo.
(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 20 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County McDonald

(c) City or town Goodman, Mo.
(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 JACK RAMSAY

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7
year 1942 hour 5 minute 40 P. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Alina Ramsay

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased June 1883
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 19 1942 to Sept 7 1942
that I last saw him alive on Sept 7 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 59 Months 2 Days 16
If less than one day hr. min.

Immediate cause of death: Hemorrhagic infarction and thrombosis of the lungs
Due to Chest injury during fall on assault
Due to arterial pulmonary tuberculosis

Duration 2 MO and 21 days

Other conditions (Include pregnancy within 3 months of death)

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

10. Usual occupation Retired

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business.....

12. Name Joseph Ramsay

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

14. Maiden name Victoria Cunningham

15. Birthplace Jenny Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Hugh Ramsay

(b) Address Wescho. Mo.

17. (a) Burial (b) Date thereof 9-9-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Howard Cemetery

18. (a) Signature of funeral director Chas. W. Williams

(b) Address Goodman Mo.

19. (a) 10-10-42 (b) Mrs. Chas. W. Walker
(Date received local registrar) (Registrar's signature)

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. D. James (M. D. or other) D.O.
Address Goodman Date signed 8-8-42

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

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464

NOV 9 1942

District Health Officer No. 6,

District File Number 1242-1497

Date Filed OCT 14 1942

RECEIVED

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34239

Registration District No. 193

Primary Registration District No. 4306

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Mc Donald
(b) City or town Goodman, Mo.
(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 _____ (Specify whether _____)

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 Jock Ramsay

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

7. Birth date of deceased June 22 (Month) (Day) (Year)

8. AGE: Years 54 Months 2 Days 16 (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 _____

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 _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I first saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

(Immediate cause of death) hemorrhage of the lungs - chest

Due to injury arising from assault

Due to post mortem tuberculosis

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

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature J. D. James (M. D. or other) _____
Address Goodman Mo Date signed _____

Duration 2 hrs of 2 days
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A COPY OF THIS RECORD

1942

S-34239