

FILED FEB 8 1943  
Registration District No. 192

Primary Registration District No. 4270

State File No. 2697  
Registrar's No. 5

1. PLACE OF DEATH:

(a) County Lafayette  
(b) City or town St Louis  
(c) Name of hospital or institution: city 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 4.3 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Minnie Ramsey  
3. (b) If veteran, name war. — 3. (c) Social Security No. —

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years  
7. Birth date of deceased Sept. 3 1887  
(Month) (Day) (Year)

8. AGE: Years 55 Months 4 Days 17 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business —

MOTHER FATHER  
12. Name Robert S. Ramsey  
13. Birthplace Greensburg Pa. 1  
(City, town, or county) (State or foreign country)  
14. Maiden name Carolyn Best  
15. Birthplace Greensburg Pa. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Ramsey  
(b) Address Dues, Mo  
17. (a) Burial (b) Date thereof 1-22-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Dues, Mo

18. (a) Signature of funeral director Winkler  
(b) Address Livingston Mo  
19. (a) 2-1-1943 (b) Dr. W.A. Braecklein  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette  
(c) City or town Dues  
(If outside city or town limits, write "RURAL")  
(d) Street No. city  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20  
year 1943 hour — minute — M.

21. I hereby certify that I attended the deceased from called in general weakness or coroner 19 —  
that I last saw him — alive on — 19 —  
and that death occurred on the date and hour stated above.

Immediate cause of death  
1) Bronchial Pneumonia  
2) Myocarditis  
Duration 101  
Due to —  
Due to —  
Other conditions Malnutrition  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations —  
Of autopsy Bronchial Pneumonia  
Myocarditis  
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) (g) Means of injury  
23. Signature Dr. W.A. Braecklein  
Address Dues Mo Date signed 1-21-43

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 2-5-43

**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 Jos. A. McKean  
Licensed Embalmer No. 2983  
P. O. Address Leungton Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**