

No. 2
-5-42
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6641**

FILED MAR 13 1943

Registration District No. **157**

Primary Registration District No. **5582**

Registrar's No. **45**

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

1. PLACE OF DEATH:

(a) County **Jasper**

(b) City or town **Jackson Carthage Twp.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Jasper County Alms House**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4 months**
(Specify whether years, months or days)

In this community **40 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**

(c) City or town **Route 3, Carthage Mo.**
(If outside city or town limits, write "RURAL")

(d) Street No. **East Jackson Township**
(If rural, give location)

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

If yes, name country **No**

3. (a) PRINT FULL NAME **Flora Pearl Ramsey**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

4. Sex **Female**

5. Color or race **W**

6. (a) Single, widowed, married, divorced **3 divorced**

6. (b) Name of husband or wife **no record**

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

7. Birth date of deceased **Aug. 23, 1860.**
(Month) (Day) (Year)

8. AGE: Years **82** Months **5** Days **23**
If less than one day hr. min.

9. Birthplace **Clay Co; Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **retired housewife;**

11. Industry or business

12. Name **James Chaney**

13. Birthplace **no record**
(City, town, or county) (State or foreign country)

14. Maiden name **Roda Cook**

15. Birthplace **no record**
(City, town, or county) (State or foreign country)

16. (a) Informant **Nora Brandt**

(b) Address **Joplin Mo; 401 E. 5th St;**

17. (a) **Burial** (b) Date thereof **2-18-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Hope Cem.**

18. (a) Signature of funeral director **Hurlbut Und. Co;**

(b) Address **Joplin Mo;**

19. (a) **Feb. 18 '43** (b) **Elizabeth Couplin**
(Date received local registrar) (Registrar's signature)

1283 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb. 15** day **1943**
year **10-30** hour **A.M.** Minute **M.**

21. I hereby certify that I attended the deceased from **Feb 3, 1943** to **Feb 15, 1943**
that I last saw **her** alive on **Feb 10, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary tuberculosis**

Due to **tuberculosis**

Due to

Other conditions **Paralytic**
(Include pregnancy within 3 months of death)

Major findings: **1381**
Of operations

Of autopsy

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? **R.A. Webster**
(Specify type of place) (e) Means of injury

23. Signature **R.A. Webster** (M. D. or other)
Address **Carthage Mo.** Date signed **Feb 18**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

49
0
0

13

48-2-150

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

Ray K. Hurlbert

Licensed Embalmer No. *959*

P. O. Address *Joplin 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.