

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. \_\_\_\_\_  
Registrar's No. 7

LED FEB 16 1943  
Registration District No. 340

Primary Registration District No. 6151

103

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

1. PLACE OF DEATH:

(a) County STODDARD

(b) City or town LAVALLE (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)

In this community 2 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

(c) City or town Near Lavallo Mo. (If outside city or town limits, write "RURAL")

(d) Street No. 1/2 mi S. W. Lavallo (If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME THOMAS J. RAMSEY

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17 year 1943 hour 5 minute 00 P.M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Wife Dead

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

7. Birth date of deceased June 15 1863 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-2-43 19 to 1-17-43 19; that I last saw him alive on 1-15-43 19; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

79 7 2 hr. \_\_\_\_\_ min.

Immediate cause of death Chronic Myocardial Degeneration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN 938

Underline the cause to which death should be charged statistically.

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

10. Usual occupation farmer

11. Industry or business \_\_\_\_\_

12. Name W. M. Ramsey

13. Birthplace unknown 9th U.S. (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 Berman Ramsey

(b) Address Lilburn Mo. Rtg I

17. (a) Burial (b) Date thereof Jan 20-43 (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Valley

18. (a) Signature of funeral director Walter D. Wierwille

(b) Address Parma Mo

19. (a) 1-20-1943 (b) Cordie Miller (Date received local registrar) (Registrar's signature)

Major findings: \_\_\_\_\_

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? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. Gilbert 160 (M. D. or other) 160

Address same Date signed 1/24/43

1133

RECEIVED

District Health Office No. 2,

District File Number 243-204

Date Filed 2-8-43

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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.....

*B. J. Brentlinger*

Licensed Embalmer No. 4201

P. O. Address. *Dexter, 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.**