

S. No. 2  
M-9-4-41  
v. 5-17-39  
I X2948

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

On March 10 1943

State File No. ....

Registrar's No. 259

LED APR 12 1943  
Registration District No. ....

Primary Registration District No. 5465

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

1. PLACE OF DEATH: **GREENE**

(a) County Rural Springfield, N. Campbell

(b) City or town Rural Springfield, N. Campbell  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Route 4 Nursing Home #  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 months  
(Specify whether

In this community 25 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Rural Springfield, N. Campbell  
(If outside city or town limits, write "RURAL") 0

(d) Street No. Route 4  
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Silas W. Ramsey

(b) If veteran, name war Unknown

(c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

(b) Name of husband or wife Mary Katherine Ramsey

(c) Age of husband or wife if alive Unknown years

7. Birth date of deceased: October 14, 1847  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>95</u>	<u>5</u>	<u>17</u>	hr. _____ min.

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

10. Usual occupation: Retired Farmer

11. Industry or business: On farm

MOTHER FATHER

12. Name: Calvin Ramsey

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

14. Maiden name: Rollie Crumley

15. Birthplace: Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Florence Blount

(b) Address: Springfield, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 4, 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation: Smith Cemetery

18. (a) Signature of funeral director: Alma Lohmeyer Funeral Home

(b) Address: Springfield, Missouri

19. (a) 4-3-43 (Date received local registrar) (b) W. W. Handy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31st  
year 1943 hour 10:50 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 3, 31, 43 19... to 3, 31, 43 19...  
that I last saw him alive on 3, 31, 43 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death: Hemorrhage, cerebral

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

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

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) \_\_\_\_\_

(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 0

23. Signature: W. W. Handy (M. D. or other)

Address: Springfield, MO. Date signed 4, 1, 43

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

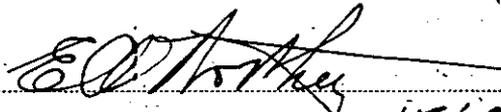
986

(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.

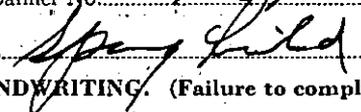
Signed.....



Licensed Embalmer No.....

1767

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.**