

FILED AUG 9 1943  
Registration District No. 32

Primary Registration District No. 5112

Registrar's No. 31

1. PLACE OF DEATH:

(a) County: Bellinguer  
(b) City or town: Rural Lorraine  
(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: \_\_\_\_\_ (Specify whether)  
In this community: Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Bellinguer  
(c) City or town: Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No.: Near Marble Hill (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country: 0

3. (a) PRINT FULL NAME: LYDIA ANN WELCH

3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No.: \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28  
year 1943 hour 10 minute 10A.M.

21. I hereby certify that I attended the deceased from June 13<sup>th</sup>  
to June 28<sup>th</sup> 1943  
that I last saw him alive on June 28 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial infarction  
and calcium Duration 29 hrs

Due to: \_\_\_\_\_  
Due to: 46

Other conditions: Myocardial infarction  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

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) (e) Means of injury: \_\_\_\_\_

MOTHER FATHER

12. Name: John Henry Ramsey  
13. Birthplace: Mo. 00  
14. Maiden name: Martha  
15. Birthplace: Mo. 00

16. (a) Informant: Lydia Welch  
(b) Address: Marble Hill, Mo.  
17. (a) Burial (b) Date thereof: June 29 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation: Harris Chapel, Mo.  
18. (a) Signature of funeral director: Joseph S. Morgan  
(b) Address: Adrian, Mo.  
19. (a) 7-17-43 (b) Mrs. Genevieve Graham  
(Date received local registrar) (Registrar's signature)

23. Signature: D. H. Camp (M. D. or other)  
Address: St. Genevieve, Mo. Date signed: 7/17/43

1063

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

9  
0  
0

RECEIVED

District Health Officer No. 4  
District File Number 843-2534  
Date Filed 8-7-43

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.....

Lloyd S. Morgan, Registered Apprentice No. ....  
working under my personal supervision.

Signed Lloyd S. Morgan

Licensed Embalmer No. 3361

P. O. Address Advance, 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.