

FILED DEC 13 1943
Registration District No. 2

Primary Registration District No. 5013

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town JACKSON TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 71 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME nannie bell Ramsey

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife Elsworth Ramsey 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Nov 8 - 1872
(Month) (Day) (Year)

8. AGE: Years 71 Months 0 Days 18 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER
12. Name Phillip Smith
13. Birthplace Un Known
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Seibel
15. Birthplace Un Known
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Elsworth Ramsey
(b) Address Savannah Mo.

17. (a) B (Burial, cremation, or removal) (b) Date thereof 11-20-43
(Month) (Day) (Year)
(c) Place: burial or cremation Fillmore Mo

18. (a) Signature of funeral director E. G. Breit
(b) Address Savannah Mo

19. (a) 11-20-43 (Date received local registrar) (b) JH Fritchman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 18
year 1943 hour 6 minute 50 A.M.

21. I hereby certify that I attended the deceased from 11/7 1943 to 11/18 1943; that I last saw him alive on 11/17 1943; and that death occurred on the date and hour stated above.

Immediate cause of death
Hypostatic Pneumonia
Chronic Myocarditis
Due to Hypertension

Duration
10 days
15 hrs
17 hrs

Due to
Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy
92d

PHYSICIAN
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
23. Signature Ernest H. Leonard (M. D. or other) DO.
Address Fillmore Mo Date signed 11/20/43

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

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.....

E. C. Breit

Licensed Embalmer No. *2650*

P. O. Address *Savannah Ga*

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.