. No. 2
M—2-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 5 1944

Registration District No. 42

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 41696

Registrar's No. 1436

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2511 Ashland Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Not (Specify whether years, months or days)

In this community: 70 years 11 months 24 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan

(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No.: 2511 Ashland Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Dora Ramsbacher

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

3. (c) Social Security No.: None

4. Sex: female

5. Color or race: white

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: December (Month) 13 (Day) 1872 (Year)

8. AGE: Years 70 Months 11 Days 24 If less than one day hr. min.

9. Birthplace: St. Joseph (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Home

11. Industry or business:

FATHER
12. Name: Ignatz Ramsbacher
13. Birthplace: Unknown (City, town, or county) France (State or foreign country)

MOTHER
14. Maiden name: Katherine
15. Birthplace: (City, town, or county) Germany (State or foreign country)

16. (a) Informant: Gladys Ramsbacher
(b) Address: 2511 Ashland Ave., St. Joseph, Mo.

17. (a) Mausoleum (Burial, cremation, or removal) (b) Date thereof: 12/10/1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Ashland Cemetery

18. (a) Signature of funeral director: Walter Meierhoffer
(b) Address: 1302 Faraon St., St. Joseph Mo.

19. (a) 12-10-43 (Date received local registrar) (b) Rae Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 7th. year 1943 hour 8:30 minute P. M.

21. I hereby certify that I attended the deceased from 12-7, 1943 to 12-7, 1943 that I last saw her alive on 12-7, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of Lung about 18 Mon (Duration)

Due to:

Due to:

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

Major findings:
Of operations:

Of autopsy:

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: L C Baumann (M. D. ~~or other~~)

Address: 620 Francis St. Joseph Mo. Date signed: 12-8-43

(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 Albert R. Harrington

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Mis

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.