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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 14 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3796

Registration District No. 26-1 Primary Registration District No. 3048 Registrar's No. 8

1. PLACE OF DEATH:

(a) County Nodaway

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

(c) Name of hospital or institution: St. Francis hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days
In this community 2 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74

(c) City or town Rea (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. ½ mile west
(If rural, give location)

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

3. (a) PRINT FULL NAME Carrie Coberly Ramp

3. (b) If veteran, name war

3. (c) Social Security No. no

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Nathaniel Ramp

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

7. Birth date of deceased Sept. 8 (Month) 1869 (Day) (Year)

8. AGE: Years 74 Months 3 Days 23 If less than one day hr. min.

9. Birthplace unknown (City, town, or county) Missouri (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Ezra Rickard
13. Birthplace unknown (City, town, or county) unknown (State or foreign country)

MOTHER
14. Maiden name Mary Calvin
15. Birthplace unknown (City, town, or county) unknown (State or foreign country)

16. (a) Informant Mrs. Wilford Taylor
(b) Address Maryville Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-3-~~43~~44 (Month) (Day) (Year)
(c) Place: burial or cremation White Oak cemetery

18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville Mo.

19. (a) 1-12-44 (Date received local registrar) (b) Amy Barbero (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1 year 1944 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from December 21, 1943, to January 1, 1944; that I last saw her alive on December 31, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia
Chr. Myocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

93d

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 J M Boyles (M. D. or other)
Address 131 So. Main Maryville Mo. Date signed 1-3-44

1344

(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 Clem M. Price

Licensed Embalmer No. 1822

P. O. Address Maryville 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.