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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 12 1944

Registration District No. 136

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11262

Primary Registration District No. 2001

Registrar's No. 160

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
Apt. 1 Roberston Apts.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community 45 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin. 2
(If outside city or town limits, write "RURAL") 5

(d) Street No. Roberston Apts. #1
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME William Anderson Ramsey

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Nellie

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased July (Month) 22 (Day) 1866 (Year)

8. AGE: Years 78 | Months 8 | Days 1 | If less than one day ___ hr. ___ min.

9. Birthplace O'Bion Co. (City, town, or county) Kentucky (State or foreign country) 1

10. Usual occupation Retired Grocerman

11. Industry or business Grocery

FATHER
12. Name W. Z. Ramsey
13. Birthplace Unknown (City, town, or county) Tenn (State or foreign country) 1

MOTHER
14. Maiden name Sarah Bancom
15. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country) 1

16. (a) Informant Mrs. Ruth Evans

(b) Address Joplin, Mo.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Mar. 25, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation D. W. Newcomber, K. C.

18. (a) Signature of funeral director Thornhill-Dillon

(b) Address 805 West Fourth St. Joplin

19. (a) 3-23-44 (Date received local registrar) (b) Gertrude Sredhoeter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 1944 hour 5 minute a. M.

21. I hereby certify that I attended the deceased from Feb, 1944, to Mch 23, 1944
that I last saw him alive on ___, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cancer of upper rectum	4 yrs.
Due to	
Due to	
Other conditions Rectitis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

46d

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 Ralph L. Neff (M. D. or other) M.D.

Address Joplin Mo. Date signed 3/23/44

(Licensed Embalmer's Statement on Reverse Side)

44-3-267

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 Cecil A Pharnhill

Licensed Embalmer No. 3590

P. O. Address Joplin, 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.