. No. 2
I—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 11 1944

Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14190

Primary Registration District No. 1000

Registrar's No. 357

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: 121 Texas ave (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community abt 5 weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan

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

(d) Street No. 121 Texas ave (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME MARY-ELENA-RAMIREZ

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Fem

5. Color or race Wht

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 Dec 18 1943 (Month) (Day) (Year)

8. AGE: Years 0 Months 3 Days 19 If less than one day hr. min.

9. Birthplace Rock Island Ill (City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business

FATHER
12. Name John Ramirez
13. Birthplace unknown New Mexico (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Josephine ~~Colo~~ Salcedo
15. Birthplace unknown Colo (City, town, or county) (State or foreign country)

16. (a) Informant Josephine Ramirez

(b) Address St Joseph Mo

17. (a) B (Burial, cremation, or removal) (b) Date thereof April 10-44 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Olivet Cem

18. (a) Signature of funeral director Stamey Funeral Home

(b) Address St Joseph Mo

19. (a) 4-10-44 (Date received local registrar) (b) Rose Hazey (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month April day 7 year 1944 hour 7 minute P M.

21. I hereby certify that I attended the deceased from 4-7-44, 19 to 4-7-44, 19 ; that I last saw her alive on April 7, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration 3 days

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 Fenton Y Gardner (M. D. or other) MD

Address 101 1/4 W Mo Date signed 4/8/44

1233

(Licensed Embalmer's Statement on Reverse Side) St Joseph Mo

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: John Roy Stamer

Licensed Embalmer No. 2435

P. O. Address St Joseph

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.