

No. 2  
-2-43  
5-17-39  
1 X3567

Dr. Evans  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38091

FILED DEC 8 1944

State File No. \_\_\_\_\_

Registration District No. 703

Primary Registration District No. 5596

Registrar's No. 69

1. PLACE OF DEATH

(a) County Jefferson

(b) City or town Alle-Sato R-3 VALE  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Route 3  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 1  
(Specify whether years, months or days)

In this community 4 weeks  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

(c) City or town Alle Sato  
(If outside city or town limits, write "RURAL")

(d) Street No. R. Route 3  
(If rural, give location)

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

3. (a) PRINT FULL NAME DELPHA VIONA RAMSEY

3. (b) If veteran, name war V

3. (c) Social Security No. V

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 12, year 1944, hour 5, minute 30 P., M.

21. I hereby certify that I attended the deceased from Oct-20 1944 to Nov-12-1944 that I last saw her alive on Oct-20-1944 and that death occurred on the date and hour stated above.

4. Sex 71

5. Color or race W

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

6. (b) Name of husband or wife George Daniel Ramsey

6. (c) Age of husband or wife if alive 9 years (Day) (Year)

7. Birth date of deceased Nov 9 1873  
(Month) (Day) (Year)

Immediate cause of death Gangrene - right lower limb

Due to thrombosis of arteries

Due to unknown

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years 72 Months 0 Days 3 If less than one day, hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Ste Genevieve Co Missouri  
(City, town or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name John Reetan

13. Birthplace Unknown  
(City, town or county) (State or foreign country)

14. Maiden name Artie Missie Smith

15. Birthplace Unknown  
(City, town or county) (State or foreign country)

16. (a) Informant Mr. Charles Tappan

(b) Address Burns Ave 508

17. (a) Burial (b) Date thereof Nov. 15, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stee Run

18. (a) Signature of funeral director Benham Ind Co

(b) Address 313 Benham Bldg, Ste 110

19. (a) 11-14-44 (b) Hern Spencer  
(Date received local registrar) (Registrar's signature)

Major findings: 9911

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
( ) Means of injury \_\_\_\_\_

23. Signature H. L. Evans (M. D. or other) \_\_\_\_\_  
Address Comerterre Date signed 11-14-44

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

RECEIVED

District Health Officer No. 9

District File Number.....

Date Filed 12-6-44

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 C. J. Claywell

Licensed Embalmer No. 3706

P. O. Address Denne, Tenn.

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.