

S. No. 2  
M-2-43  
5-17-39  
X35697

FILED JAN 5 1945  
Registration District No. **175**

Primary Registration District No. **4187**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Franklin

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

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

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

In this community 5yr.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

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

(d) Street No. Church St.  
(If rural, give location)

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

3. (a) PRINT FULL NAME Robert James Ramsey

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 13 Year 1944 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: March 3rd 1909  
(Month) (Day) (Year)

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

8. AGE: Years Months Days If less than one day

35 9 10 hr. \_\_\_\_\_ min.

Duration \_\_\_\_\_

Self Inflicted Gun Shot Wound

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace: St. Clair mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation: Shoe Repair

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

Major findings: \_\_\_\_\_

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

MOTHER FATHER { 12. Name Robert W. Ramsey

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

14. Maiden name Mary Allen Rutledge

15. Birthplace St. Clair mo.  
(City, town, or county) (State or foreign country)

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Robert W. Ramsey

(b) Address Richwood Mo.

17. (a) Burial (b) Date thereof: 12/17/1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Clair mo.

18. (a) Signature of funeral director Wm. Casey

(b) Address St. Clair Mo.

19. (a) 1715744 (b) Edward P. Pugh  
(Data received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence December 13, 1944

(c) Where did injury occur? Union Franklin mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
At Business Place  
(Specify type of place)

While at work?  (e) Means of injury Shot in head

23. Signature E. H. Ottman  
Address Union mo. Date signed 12-15-44

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

36  
5  
0

FEB 5 1945

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 1-4-45

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.....

Licensed Embalmer No.....

P. O. Address.....

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.