V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25171

FILED AUG 9 1945

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 106

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Fitzgibbon Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days (Specify whether
In this community 24 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Saline
(c) City or town ~~[illegible]~~ Slater (If outside city or town limits, write "RURAL")
(d) Street No. 511 North Porter St. (If rural, give location)
(e) Citizen of foreign country? ~~[illegible]~~ No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Minnie Alice Hood Ramsey
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased February 28 1870 (Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 13 If less than one day hr. min.

9. Birthplace Miller, Lawrence Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
FATHER
12. Name William Ramsey
13. Birthplace Don't Know (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Nancy Hudspeth
15. Birthplace Virginia (City, town, or county) (State or foreign country)
16. (a) Informant Mrs F E Berry
(b) Address Slater Mo
17. (a) Burial (Burial, cremation, removal) (b) Date thereof 7-14-45 (Month) (Day) (Year)
(c) Place: burial or cremation Slater City Cemetery
18. (a) Signature of funeral director Jones & Halzer
(b) Address Slater Mo
19. (a) 7-13-45 (Date received local registrar) (b) Mrs T. Westbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11th year 1945 hour 2 minute 10 P.M.
21. I hereby certify that I attended the deceased from July 5 1945 to July 11 1945 that I last saw her alive on July 11 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Emboli	30 M
Due to Uremia	8 to 10 Day
Due to Arteriosclerosis	?
Other conditions Myocarditis Chr. (Include pregnancy within 3 months of death)	?

Major findings:
Of operations
Of autopsy None

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) None
(b) Date of occurrence
(c) Where did injury occur? None (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 Thos. E. Lockwood (M. D. or other)
Address Slater Mo Date signed 7/12/45

1215

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-8-45

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 Jas E Jones

Licensed Embalmer No. 3/43

P. O. Address Slater 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.