DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41509

Registration District No. 56 Primary Registration District No. 201 Registrar's No.

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: St. Johns Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 DAYS (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JASPER
(c) City or town CARTHAGE (If outside city or town limits, write "RURAL")
(d) Street No. 1422 GRAND AVE. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3. (a) PRINT FULL NAME Albert Algernon Ramsey
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex Male (1) | 5. Color or race White | 6. (a) Single, widowed, married, divorced MARRIED | 6. (b) Name of husband or wife Geneva Condon Ramsey | 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased April (Month) 21, (Day) 1867 (Year)

8. AGE: Years 78 | Months 7 | Days 13 | If less than one day ____ hr. ____ min.

9. Birthplace Dunfermline, Scotland (City, town, or county) (State or foreign country) 4
10. Usual occupation DRY GOODS - PROPRIETOR
11. Industry or business RAMSAY DRY GOODS CO.

MOTHER FATHER
12. Name ROBERT RAMSEY
13. Birthplace Scotland (City, town, or county) (State or foreign country) 4
14. Maiden name NOT KNOWN
15. Birthplace Not Known (City, town, or county) (State or foreign country) 4

16. (a) Informant ROBERT RAMSEY
(b) Address JOPLIN, MO.
17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof Dec. 6, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation NEWCOMER'S - K.C., MO.
18. (a) Signature of funeral director KNELL MORTUARY
(b) Address CARTHAGE, MO
19. (a) 12-5-45 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4th year 1945 hour 3:30 minute P.M.
21. I hereby certify that I attended the deceased from July 38, to Dec 4 1945 that I last saw him alive on Dec 4 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 Day
Due to Concussion	Hours
Due to	
Other conditions (Include pregnancy within 3 months of death) Senility	

Major findings:
Of operations None
Of autopsy None

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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) No - V 116
(b) Date of occurrence Nov 26-1944
(c) Where did injury occur? Crane — Carthage (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place or in public place? Slipped on rug + fell Stroke
Specify type of place
Work? (e) Means of injury

23. Signature [signature] (M.D. or other)
Address [illegible] Date signed 12/5/45

1464 (Licensed Embalmer's Statement on Reverse Side)

45-12-973

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 K. Lynn White

Licensed Embalmer No. 4240

P. O. Address Joplin, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Jan

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

SUPPLEMENTARY

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:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Albert A. Ramsey
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Apr. 21 186[illegible] (Month) (Day) (Year)
8. AGE: Years 78 Months 7 Days [illegible] If less than one day hr. min.
9. Birthplace (City, town, or county) Scotland (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month day year 194[illegible] hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.
Immediate cause of death | Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 1860
Major findings: Of operations
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
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: No
(a) Accident, suicide, or homicide (specify) Fell in Home
(b) Date of occurrence 11/26/45
(c) Where did injury occur Residence (City or town) Carthage (County) Mo
(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 Mitchell Gregg (M. D. or other)
Address Joplin Date signed 1/21/46

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41509