

FILED JAN 28 1946  
Registration District No. \_\_\_\_\_

Primary Registration District No. 3002

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

1. PLACE OF DEATH:

(a) County Audrain  
(b) City or town Mexico  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Audrain County  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
(Specify whether years, months or days) 36 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain  
(c) City or town Mexico  
(If outside city or town limits, write "RURAL")  
(d) Street No. 922 E. Railroad  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FANNIE RAMSEY

3. (b) If veteran, name war ✓ 3. (c) Social Security No. None

4. Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ferley Ramsey 6. (c) Age of husband or wife if alive Unknown years  
7. Birth date of deceased 6 21 1888  
(Month) (Day) (Year)

8. AGE: Years 57 Months 5 Days 16 If less than one day hr. min.

9. Birthplace Centralia Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business

12. Name James Bartley  
13. Birthplace Calloway County  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret Wright  
15. Birthplace Calloway County  
(City, town, or county) (State or foreign country)

16. (a) Informant Ferley Ramsey  
(b) Address 922 E. Railroad

17. (a) Burial (b) Date thereof 12 9 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation: Mexico Mo

18. (a) Signature of funeral director J. R. Duvens  
(b) Address 101 N. Eastern Mo

19. (a) 12/9/45 (b) Blanche Neely  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8  
year 1945 hour 10:40 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Dec 4 1945, to Dec 7 1945;  
that I last saw her alive on Dec 7 1945;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetes Mellitus - comatose in Coma -  
with Cerebratory Collapse Duration 4 days

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

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

Major findings: 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) (e) Means of injury \_\_\_\_\_

23. Signature Harvey O'Brien (M. D. or other)  
Address Mexico Mo Date signed 12-8-45

RECEIVED

District Health Officer No. 10

District File No. 1-46-207

Date Filed -- JAN - 26 - 1946

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.....

L. D. Hardiman, Registered Apprentice No. ....  
working under my personal supervision.

Signed L. D. Hardiman

Licensed Embalmer No. 4378

P. O. Address 412 N. Osage Seclavia

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.