

FILED MAY 9 1946

State File No. _____

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 364

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: Spr. Baptist Hospital B
(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 Missouri (b) County Greene 39

(c) City or town Springfield 2.
(If outside city or town limits, write "RURAL")

(d) Street No. 214 W. Madison 6
(If rural, give location) 0

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

3. (a) PRINT FULL NAME HENRY J. RAMSAY

3. (b) If veteran, name war UNK. 3. (c) Social Security No. UNK.

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

6. (b) Name of husband or wife Mary Elizabeth RAMSAY 6. (c) Age of husband or wife if alive Doc. years

7. Birth date of deceased February 18, 1868
(Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 9 If less than one day
hr. _____ min. _____

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

10. Usual occupation Carpenter

11. Industry or business _____

MOTHER FATHER

12. Name George B. Ramsay

13. Birthplace Penn UNK. Penn. 1
(City, town, or county) (State or foreign country)

14. Maiden name UNK.

15. Birthplace UNK. UNK. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Butler

(b) Address 756 S. Campbell, SPED., Mo.

17. (a) Burial (b) Date thereof April 29, 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director Alma Lohmeyer, Funeral Home

(b) Address 534 St. Louis Street, SPED., Mo.

19. (a) 4-29-46 (b) S. W. Z. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1946 hour 3:00 minute P. M.

21. I hereby certify that I attended the deceased from 4-8 1946 to 4/27 1946
that I last saw him alive on April 27 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage & paralytic left side

Duration: 19 days

Due to _____

Due to _____

Other conditions Strangulated bowel 1 day
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy no

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

(b) Date of occurrence _____

(c) Where did injury occur? nowhere
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature O. F. Trullinger (M. D. or other) _____
Address Springfield, Mo. Date signed 4-29-46

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

11765

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..... *L. A. Roof*.....

Licensed Embalmer No. *3044*.....

P. O. Address..... *Winfield, 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.