

S. No. 2
OM-5-43
v. 5-17-39
I X36571

36455

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 9 1946
Registration District No. _____

Primary Registration District No. 3016

Registrar's No. 271

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution:
517 East Sunnkin St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 517-E-Sunnkin
(If rural, give location)

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

3. (a) PRINT FULL NAME Ethel Ramey

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28
year 1946 hour 9 minute 0 P. M.

21. I hereby certify that I attended the deceased from March
7 1945 to Nov 28 1946
that I last saw her alive on Nov 28 1945
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Negro

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January-20-1897
(Month) (Day) (Year)

Immediate cause of death	Duration
<u>Rheumatic heart disease</u>	<u>2 yrs</u>
<u>decompensation</u>	<u>1 1/2 yrs</u>
<u>Nephritis</u>	<u>1 1/2 yrs</u>
<u>Leues, Intestinal obst</u>	<u>3 wks</u>

8. AGE: Years 49 Months 10 Days 8
If less than one day hr. _____ min. _____

9. Birthplace Jefferson City, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation maid

11. Industry or business None

12. Name Joseph B. Ramey

13. Birthplace Jefferson City, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Addie Hamby

15. Birthplace Jefferson City, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Floyd Ramey

(b) Address 517 East Sunnkin St

17. (a) Burial (b) Date thereof 12-1-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Louquieu Cemetery

18. (a) Signature of funeral director Jammy Lewis

(b) Address 700 Jefferson St

19. (a) 12-4-46 (b) R. P. Davis M.D.
(Date received local registrar) (Registrar's signature)

Other conditions Leues, Intestinal obst
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy _____

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 H. Kanagawa (M. D. or other) M.D.

Address Wallmeyer Bldg Date signed 11/20/46

(Licensed Embalmer's Statement on Reverse Side)

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

16
5
7

35277

64

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12-6-71

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 *J. M. Nelson*

Licensed Embalmer No. *3641*

P. O. Address *Juno*

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.