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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 9 1946

Registration District No. 4

Primary Registration District No. 55-5-1

Registrar's No. 99

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
35642

1. PLACE OF DEATH:

(a) County Newell

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
(Specify whether years, months or days) 60 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Newell

(c) City or town West Plains
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location) 0

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

3. (a) PRINT FULL NAME Harrison Ramsey

(b) If veteran, name war: no

(c) Social Security No. no

20. DATE OF DEATH: Month 11 day 8
year 1946 hour 5 minute 00 A.M.

4. Sex M 5. Color or race white

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

(b) Name of husband or wife Edith Ramsey

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

7. Birth date of deceased May 17 - 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10/23 - 1946 to 11-8-1946
that I last saw him alive on Nov 9 - 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 86 Months 5 Days 22 hr. _____ min. _____
If less than one day

Immediate cause of death: Paralysis

Due to Essential Hypertension
Cerebral Neurophage

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

9. Birthplace Warsaw Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Engineer & Farmer

Major findings: 83A

Of operations: _____

Of autopsy: _____

PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Sallard Ramsey

13. Birthplace Dayton Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Ann Kirby

15. Birthplace New Jersey
(City, town, or county) (State or foreign country)

16. (a) Informant Edith Weaver

(b) Address West Plains, Mo.

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? 1
(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)

17. (a) Removed (b) Date thereof 11/10-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Truettown, Mo.

18. (a) Signature of funeral director Robertson

(b) Address West Plains Mo

While at work? _____ (Specify type of place)

(c) Means of injury 1

23. Signature Richard A. Smith (M. D. or other) PA

Address West Plains, Mo. Date signed 11/8/46

19. (a) Nov 19 46 (b) Beatrice Cook
(Date received local registrar) (Registrar's signature)

RECEIVED

Health Officer No. 5,

File Number 1246699

Filed 12-6-46

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 Paige A. Robertson

Licensed Embalmer No. 3433

P. O. Address West Haven, 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.