

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

1. PLACE OF DEATH:

(a) County CAPE GIRARDEAU

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

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

(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 35 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County CAPE GIR

(c) City or town CAPE GIRARDEAU  
(If outside city or town limits, write "RURAL")

(d) Street No. 630 THEMIS ST  
(If rural, give location)

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

3. (a) PRINT FULL NAME LYNN RAMEY SR.

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH Month MARCH day 14 year 1947 hour 1:10 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Dec 23 1946, to 3 Feb 14 1947, and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased OCT. 22, 1875  
(Month) (Day) (Year)

Immediate cause of death Congestive heart failure

Due to Valvular insufficiency

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years Months Days If less than one day

71 4 22 hr. \_\_\_\_\_ min.

9. Birthplace BROOKSTON INDI  
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

Major findings: Of operations \_\_\_\_\_

Of autopsy no

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Industry or business FRISCO R.R.

12. Name Joe N. Ramey

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

14. Maiden name Laura McCallister

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

16. (a) Informant Lynn Ramey Jr.  
(b) Address Cape Girardeau

17. (a) Burial (b) Date thereof 3-16-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Walthers Und. Co  
(b) Address Cape Girardeau Mo

19. (a) 3-17-1947 (b) C. G. Summers  
(Date received local registrar) (Registrar's signature)

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 J. H. Keenan (M. D. or other) \_\_\_\_\_  
Address Cape Girardeau Date signed 3/17/47

RECEIVED

Health Officer No. 4  
File Number 347-394  
Filed 3-24-47

MAY 7 1947  
MAY 8 1947

MAY 8 1947

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 Virgil H. Kelch  
Licensed Embalmer No. 4102  
P. O. Address Cape Girardeau, 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.