

No. 2  
12-45  
17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAR 31 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8261

State File No. ....

Registration District No. **59**

Primary Registration District No. **4095**

Registrar's No. **506**

1. PLACE OF DEATH:

(a) County **Cass.**  
(b) City or town **Drexel.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Not in hospital. At Home.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **Does not apply.**  
(Specify whether  
In this community **40 years.**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County **Cass**  
(c) City or town **Drexel.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1st & Bates Streets.**  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country **Does not apply.**

3. (a) PRINT FULL NAME **LAWRENCE ANDREW RAMSEY.**

3. (b) If veteran, name war **None.**  
3. (c) Social Security No. **492-18-3860**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Mary Knight Ramsey.**  
6. (c) Age of husband or wife if alive **75** years  
7. Birth date of deceased **March, 16, 1871.**  
(Month) (Day) (Year)

8. AGE: Years **76** Months **0** Days **8**  
If less than one day hr. min.

9. Birthplace **Cass County, Missouri.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer.**

11. Industry or business **Retired.**

MOTHER, FATHER {  
12. Name **Joseph W. Ramsey.**  
13. Birthplace **Loveland, Ohio.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Margaret Weller**  
15. Birthplace **Rising Sun, Ind.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Lyn Ramsey,**  
(b) Address **Kansas City, Missouri.**

17. (a) **Burial** (b) Date thereof **3/26/1947.**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Freeman No. Cemetery**

18. (a) Signature of funeral director **[Signature]**  
(b) Address **Drexel, Missouri.**

19. (a) **3/25/1947.** (b) **[Signature]**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **24<sup>th</sup>**  
year **1947** hour **Probably about 6 P.M.**

21. I hereby certify that I attended the deceased from **Found Dead.**  
....., 19....., to....., 19.....;

that I last saw h..... alive on....., 19.....;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Suicide -  
Shotgun wound of head.**

Due to.....

Due to.....

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

Major findings:  
Of operations.....

Of autopsy.....

Duration

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) **Suicide**

(b) Date of occurrence **March 24, 1947**

(c) Where did injury occur? **Drexel, Cass Mo.**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**In coal shed - At home**

While at work? **No** (Specify type of place)  
(e) Means of injury **Shot gun**

23. Signature **Basil O. Hattard, M.D. - By order of Coroner**  
(M.D. or other)

Address **Drexel Mo** Date signed **3/25-47**

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

51

(Licensed Embalmer's Statement on Reverse Side)

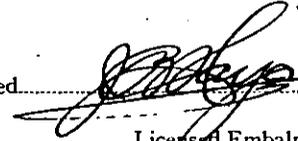
MAY 19 1947

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 personally

~~Registered Apprentice No.~~

~~working under my personal supervision.~~

Signed 

Licensed Embalmer No. 1950

P. O. Address Drexel 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.**