S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 10 1947

Registration District No. 5

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21391

Primary Registration District No. 2009

Registrar's No.

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6th & Main, Leaped from Frisco Bldg
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community: 22 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Joplin
(If outside city or town limits, write "RURAL")
(d) Street No.: 1524 Pennsylvania
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Lennie L. Ramsey
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: F.
5. Color or race: W.
6. (a) Single, widowed, married, divorced: W.
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: September 8, 1876 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
70	8	16	..... hr. ..... min.

9. Birthplace: Lawrence County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Housekeeper
11. Industry or business: own home
FATHER
12. Name: Alexander Cloflin
13. Birthplace: Douglas County, Illinois (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Pearlie Gatton
15. Birthplace: Wilson County, Tennessee (City, town, or county) (State or foreign country)
16. (a) Informant: Grace Galloway
(b) Address: 2129 Pennsylvania, Joplin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-31-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Ozark Memorial
18. (a) Signature of funeral director: Parker-Hunsaker
(b) Address: 1502 Joplin, Joplin, Mo.
19. (a) 5-29-47 (Date received local registrar) (b) Dolores Lampkin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 26
year: 1947 hour: 11:05 minute: A

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw him alive on ....., 19...; and that death occurred on the date and hour stated above.

Did not attend

Immediate cause of death	Duration
Fractured Skull	
Broken Arms &	
Legs - Jumped out of	
window 7th floor of	
Frisco Bldg in Joplin	

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause of 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: 5/26/47
(c) Where did injury occur? Joplin Jasper Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place - 6th St. (Specify type of place)
While at work? no (e) Means of injury: Jumped 3 floors
23. Signature: H.W. Berkett (Physician)
Address: D.P.O. 1 Joplin Date signed: 5/26/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

4 T. 6 - 5 20

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.