

FILED JUN 12 1948

Registration District No. **156**

Primary Registration District No. **2201**

Registrar's No. **1**

49
52

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

1. PLACE OF DEATH:

(a) County **Jasper**

(b) City or town **Joplin**

(c) Name of hospital or institution **Joplin Hosp O**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **5 da**
(Specify whether years, months or days)

In this community **26 years**

3. (a) PRINT FULL NAME **Frank S. Ramsey**

3. (b) If veteran, **3. (c) Social Security No.** **1**

name war **✓**

4. Sex **MO** **5. Color or race** **wh** **6. (a) Single, widowed, married,** **divorced** **married**

6. (b) Name of husband or wife **Elizabeth** **Age of husband or wife if alive** **52** **years**

7. Birth date of deceased **Jan 30 1893**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
55	2	20	hr. min.

9. Birthplace **Marshalltown Tenn**
(City, town, or county) (State or foreign country)

10. Usual occupation **Trucker Driver**

11. Industry or business **Trucker**

12. Name **John Ramsey**

13. Birthplace **Tenn**
(City, town, or county) (State or foreign country)

14. Maiden name **Marinda Noel**

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

16. (a) Informant **Wm T Ramsey**

(b) Address **Sarsawke mo**

17. (a) Burial **(b) Date thereof** **4-23-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sarsawke Cann**

18. (a) Signature of funeral director **John Ramsey**

(b) Address **Sarsawke mo**

19. (a) 4-23-48 **(b) Delores Ramsey**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **mo** (b) County **Jasper**

(c) City or town **Sarsawke**
(If outside city or town limits, write "RURAL")

(d) Street No. **mo**
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) **1**
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **21**
year **1948** hour **1** minute **10 A** M.

21. I hereby certify that I attended the deceased from **Jan 15 1948**
to **April 21 1948** 19.....
that I last saw h..... alive on **April 21 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary embollus,**

Due to **hypertension**

Due to **uremia, and anemia.** **6 Mo.**

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

Major findings: **gsl**

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) **no**

(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?.....
(Specify type of place)

Which at work?.....
Days of injury.....
(M. D. or other)

Address **isco Bldg, Joplin Mo** **4/23/48**
Signed **4/23/48**

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed Wm K Jackson

Licensed Embalmer No. 3954

P. O. Address Chicago Ill

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.