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3906

FILED AUG 16 1948

Registration District No. 122

Primary Registration District No. 2005

Registrar's No. 664

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: St Johns 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 days (Specify whether years, months or days)

In this community 47 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 37

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1216 W Atlantic 6
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country No

3. (a) PRINT FULL NAME THELMA RAMEY

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Archie M Ramey

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased June 7 1901
(Month) (Day) (Year)

8. AGE: Years 47 Months 2 Days 2 If less than one day hr. min.

9. Birthplace Brighton Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Sterling P Ball

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

14. Maiden name Hattie Fender

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

16. (a) Informant Archie M Ramey (husband)

(b) Address 1216 West Atlantic

17. (a) Burial (b) Date thereof 8 12 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 8-11-48 (b) W.E. Handley WTD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9th year 1948 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 24, 1948, to Aug 9, 1948.

that I last saw h.s. alive on Aug 9th, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration 8 hrs

Due to Carcinoma of Uterus

Due to 2 mos

Other conditions H&B
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of uterus

Of operations H&B

Of autopsy

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)

(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 C

23. Signature W.E. Handley (M. D. or other) WTD

Address 609 Cherry - Springfield Date signed 8/10/48

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

MOTHER, FATHER

NOV 4 1948

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..... *Bernard F. Wright*

Licensed Embalmer No. *4293*

P. O. Address..... *630 St Louis
Springfield, Vt.*

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.