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

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u>	
c. LENGTH OF STAY (in this place) <u>17 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>812 E. Rail Road St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ernest</u> b. (Middle) <u>Talbert</u> c. (Last) <u>Ramsey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-7-49</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>6-30-1894</u>
9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>7</u>	IF UNDER 12 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Audrain Co-Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Eligiah Ramsey</u>	13b. MOTHER'S MAIDEN NAME <u>Dickey Elizabeth Thomas</u>	14. NAME OF HUSBAND WIFE <u>Olivia Ramsey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	16. SOCIAL SECURITY NO. <u>49-05-5970</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hattie Elizabeth Hardin Sister</u> ADDRESS <u>1916 E. Lafayette St.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>28 hrs</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Chronic interstitial nephritis</u>	
		DUE TO (c) <u>592X</u>	
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic degenerative myocarditis</u>			
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>Apr 27</u> , 19 <u>48</u> , to <u>April 7</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Apr 6</u> , 19 <u>48</u> , and that death occurred at <u>5A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Harry F. O'Brien M.D.</u>		23b. ADDRESS <u>111 E. Monroe - Mexico Mo</u>	23c. DATE SIGNED <u>4-8-49</u>
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-9-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Mexico Mo.</u>
DATE REC'D BY LOCAL REG. <u>Apr 9-1949</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jackson-Farver Funeral Home 4095 Walnut St Henryville, Jackson Mo.</u>	

MAY 18 1949

RECEIVED

District Health Officer No.

District File Number 4-49-6

Date Filed APR 11 1949

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, ~~only~~.....

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Stewart J. Parker.....

Licensed Embalmer No. 3900.....

P. O. Address Columbia, W.....

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.