

REC'D APR 20 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

12047  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Ray Registration District No. 744  
 (b) Township Richmond Primary Registration District No. 3035 Registered No. 218  
 (c) City Richmond Mo. (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Bettie Ramsey  
 (a) Residence, No. Richmond Mo. St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas. Ramsey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 3 rd. 1975

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>63</u>	<u>4</u>	<u>13</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Seamstress  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co. Mo.

FATHER 13. NAME Henderson Cowan  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ken.

MOTHER 15. MAIDEN NAME Martha Shumate  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co. Mo.

17. INFORMANT (ADDRESS) Gertrude Simpson  
936 Ind. St. Lawrence Kan.

18. BURIAL, CREMATION, OR REMOVAL PLACE Knoxville Mo. DATE Mar. 19th. 1939

19. FUNERAL DIRECTOR (ADDRESS) Brothers Funeral Home  
Richmond Mo.

20. FILED Mar. 31, 1939 mailed Jackson  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1939, to Mar. 16, 1939  
 I last saw her alive on Mar. 16, 1939 Death is said to have occurred on the date stated above, at 9:40 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Cowdry Thrombosis Date of onset Feb. 21  
94 lb  
 Other contributory causes of importance: Arterial Sclerosis.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_ (Signed) Dr. E. G. Renow M.D.  
Richmond, Mo. (Address)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 4/11/39

STATEMENT BY LICENSED EMBALMER

I, Brothers Funeral Home, Licensed Embalmer No. 3001  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by J. B. Brothers  
L. E. Yes  
No. 3001 or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Brothers Funeral Home  
By J. B. Brothers,  
Licensed Embalmer No. 3001

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.)