

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 43246JAN 12 1940 997Registration District No. 997Primary Registration District No. 238Registrar's No. 4

1. PLACE OF DEATH:

- (a) County Shannon County
 (b) City or town Blair, Mo.
 (c) Name of hospital or institution: 2
 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 years. (Specify whetherIn this community 50 years. (Specify whether years, months or days) 503. (a) PRINT FULL NAME Phieba Ann Ramsey3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓4. Sex ♀ 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Ed Ramsey 6. (c) Age of husband or wife if alive 7 years7. Birth date of deceased May 18 1867
(Month) (Day) (Year)8. AGE: Years 72 Months No Days No If less than one day No hr. min.9. Birthplace Dt Cron (City, town, or county) (State or foreign country)10. Usual occupation House wife11. Industry or business Dt12. Name Dt Priest13. Birthplace Dt (City, town, or county) (State or foreign country)14. Maiden name Phieba 15. Birthplace 9 (City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. Olga Ferguson(b) Address any thing about her

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

(c) Place: burial or cremation Cedar Grove 12-4-193918. (a) Signature of funeral director W. H. Brantley(b) Address Galena, Mo. Holcomb Brothers19. (a) See. 4, 1939 (b) Mrs. Olga Ferguson (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Dt

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

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

(e) If foreign born, how long in U. S. A. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6 year 1939 hour 4 A.M. minute ✓ M.21. I hereby certify that I attended the deceased from ✓, 1939, to ✓, 1939;that I last saw him ✓ alive on ✓, 1939; and that death occurred on the date and hour stated above.Immediate cause of death after viewing the bodyDue to acute myocarditis
of acute myocarditis
due to chronic rheumatismDue to acute myocarditisOther conditions Rheumatism
(Include pregnancy within 3 months of death)Major findings: Of operations 93BOf autopsy None

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 ✓23. Signature W. H. Brantley (M. D. or other) CarrollAddress Galena Mo Date signed 12-6-39

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.

RECEIVED

District Health Officer No. 5,

District File Number 14029

Date Filed 11/10/40

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.