

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19424

Registration District No. 775

Primary Registration District No. 6022

Registrar's No. 38

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington Route No 4
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Farmington Route 4
(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.

3. (a) PRINT FULL NAME George S Ramsey 520
(b) If veteran, name war _____ (c) Social Security No. _____
4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 5 1864
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 8
year 1940 hour 3 minute _____ P. M.
21. I hereby certify that I attended the deceased from May 8, 1940, to May 8, 1940,
that I last saw him alive on May 8, 1940
and that death occurred on the date and hour stated above.
Immediate cause of death cerebral hemorrhage
Due to Hypertension
Duration 10 hrs

8. AGE: Years 75 Months 5 Days 3 If less than one day _____ hr. _____ min.
9. Birthplace St. Genevieve County Mo
(City, town, or county) (State or foreign county)
10. Usual occupation Active farmer
11. Industry or business _____
MOTHER FATHER { 12. Name Madison Ramsey
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ramsey
15. Birthplace St. Genevieve County Mo
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) HTN
Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Wace Jennis
(b) Address Farmington Route 4
17. (a) Burial (b) Date thereof May 10 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Little Wing
18. (a) Signature of funeral director C. L. Boyer
(b) Address W. Sloge
19. (a) 5-10-40 (b) N. W. Hawkins
(Date received local registrar) (Registrar's signature)

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 A. L. Evans (M. D. or other) _____
Address Bonnetere 400 Date signed 5-10-40

WHILE I LAIDL—USE UNFADING BLACK INK—MAKE 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.

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..... *Paulin J. Boyer*

Licensed Embalmer No. *3660*

P. O. Address *Deatsburg, Tenn.*

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.