

Registration District No. 89

Primary Registration District No. 5131

Registrar's No. 396

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

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route # 4, Poplar Bluff, Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Life (Specify whether _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rt # 4 Poplar Bluff, Missouri
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Joseph Ramsey

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Vivian 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased November 1, 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 1 6
hr. min.

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

10. Usual occupation Derrick operator

11. Industry or business Desgrange Lunber Company

12. Name Robert Ramsey

18. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Lee

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

18. (a) Informant Vivian Ramsey

(b) Address Route #4 Poplar Bluff, Missouri

17. (a) Burial (b) Date thereof Dec. 7, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Black Creek Cemetery

18. (a) Signature of funeral director Greer-Croy Funeral Service

(b) Address Poplar Bluff, Missouri

18. (a) 11/9/41 (b) Kate Sutz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6
year 1940 hour 3 minute 50 P.M.

21. I hereby certify that I attended the deceased from July
1940, to Dec 6, 1940

that I last saw him alive on Dec 1, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death:
Cardiac Decompensation
Hypertension with
Due to hypertension

Duration

1 mo
1 year

Due to _____
Other conditions (Include pregnancy within 3 months of death)
95%

PHYSICIAN

Major findings:
Of operations _____
Of autopsy none
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 _____

23. Signature J. Brubaker MD (M. D. or other)
Address Poplar Bluff Mo Date signed 12-10-40

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.....

..... B. J. Brentlinger....., Registered Apprentice No. 208
.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address..... Poplar Bluff, Missouri.....

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.