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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17898

FILED JUN 16 1941
328

Registration District No.

Primary Registration District No. 3017

Registrar's No.

1. PLACE OF DEATH:

(a) County Grundy
(b) City or town Trenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
612 E 21st
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____
(Specify whether
In this community 1 week
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. RFD #7 TRENTON
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14
year 1941 hour 11:30 minute A M.

I hereby certify that I attended the deceased from
Mar 11 1941 to Mar 14 1941;
that I last saw him alive on Mar 14 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia
Duration 7 days
Due to LDV
Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
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? _____

300
While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature J. J. Mays (M. D. or other) _____
Address Trenton Mo Date signed 3/17/41

3. (a) PRINT FULL NAME Archie Marvin Ramsey

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Anna P. Cooper 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased April 29 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 10 15 hr. min.

9. Birthplace Darlington Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARM

12. Name JAMES RAMSEY

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Wingo

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

(a) Informant Mrs. Otto Beam

(b) Address Potosi Mo

17. (a) Burial (b) Date thereof 3-16-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelburn Cemetery

18. (a) Signature of funeral director Raymond A Davis

(b) Address London Missouri

19. (a) 3-14-41 (b) J. J. Mays
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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

Robert B. Davis

, Registered Apprentice No.

212

working under my personal supervision.

Signed

Robert B. Davis

Licensed Embalmer No.

3424

P. O. Address

Trouton, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.