. No. 2
-11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

24801

State File No.

AUG 15 1941

Registration District No. 154

Primary Registration District No. 4088

Registrar's No.

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Garden City Mo
(If outside city or town limits, write "RURAL" and name of township)

(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 1 (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

019
0
0

(a) State (b) County

(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.? 0 years.

3. (a) PRINT FULL NAME Della Mae Ramey

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased January (Month) 1 (Day) 1863 (Year)

8. AGE: Years 78 Months 6 Days 10 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Pleasant Ogelsby
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Sarah Wymer
15. Birthplace (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Mrs G A Rockey
(b) Address 5-512 Forest

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/12/41 (Month) (Day) (Year)

(c) Place: burial or cremation Garden City Cemetery

18. (a) Signature of funeral director Keith Kauffman
(b) Address Garden City Mo

19. (a) July 11 41 (Date received local registrar) (b) Geo W Griffith (Registrar's signature)

147

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
year hour 11 oc minute M.

21. I hereby certify that I attended the deceased from July 7 - 41, 1941, to , 19 ;
that I last saw her alive on Monday - July 11 - 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	4 days
Due to Vascular disease	
Due to	
Other conditions none (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy no

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) X
(b) Date of occurrence X
(c) Where did injury occur? not injured (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Frank K B Ellis (M. D. or other) D
Address Garden City Mo Date signed July-7-41

(Licensed Embalmer's Statement on Reverse Side)

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, ~~only~~ Ruth Kaufman, Registered Apprentice No. 4001, working under my personal supervision.

Signed Ruth Kaufman

Licensed Embalmer No. 4001

P. O. Address Garden City

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.

S. No. 2B
M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24801

Registration District No. 154 Primary Registration District No. 4088 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Cass
(b) City or town Garden City
(If outside city or town limits, write "RURAL" and name of township)
(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 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cass
(c) City or town Garden City Mo
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME Della M. Ramey
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years Months Days If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) Sept 13/41 (Date received by registrar) (b) Geo W Sightenhaus (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 11 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

S-24801