S. No. 2
M—5-42
7. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 1649

FILED FEB 5 1943

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 108

**1. PLACE OF DEATH:**

(a) County Buchannan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: McMetho. Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community (years, months or days) about 3 or 4 years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Buchannan

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

(d) Street No. 618 So. 22 Street (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

**3. (a) PRINT FULL NAME** Beverly U. Ramkkins

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 3

5. Color or race Negro

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased March (Month) 27 (Day) 1918 (Year)

8. AGE: Years 25 | Months 9 | Days 28 | If less than one day hr. min.

9. Birthplace Ashton Kansas (City, town, or county) (State or foreign country)

10. Usual occupation School Teacher

11. Industry or business None

FATHER
12. Name W.M. Rankins
13. Birthplace Texas (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mayme Works
15. Birthplace Ashton Kansas (City, town, or county) (State or foreign country)

16. (a) Informant E.L.Nichols

(b) Address 1221 W. 22 Pittsburg Kans.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan 28, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Arkansas City Kans.

18. (a) Signature of funeral director Ramsey Mort

(b) Address 1662 Missouri

19. (a) 1-28-43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan. 24 year 1943 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from Jan 24, 1943, to Jan 24, 1943 that I last saw him alive on Jan 24, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Stenosis Nut Rheumatic

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration 12 hours

92 P

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Fenton Woodson (M. D. or other)

Address 109 1/2 W. MO. Ave Date signed 1-25-43

1235

(Licensed Embalmer's Statement on Reverse Side)

FILE 1043

## 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 J. F. Ramsey

Licensed Embalmer No. 4081

P. O. Address Bx Jos Mo

**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, fact should be so stated above.**