

FILED JAN 7 1943

Primary Registration District No. 4254

Registrar's No. 78

1. PLACE OF DEATH:

(a) County Johnson  
(b) City or town near Macon  
(c) Name of hospital or institution: Pettis Co. Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: All his life in (Specify whether  
In this community Pettis Co. Johnson  
years, months or days)

3. (a) PRINT FULL NAME James S. Ramsey  
3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife Nevon Mannion 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 30 1864  
(Month) (Day) (Year)

8. AGE: Years 79 Months 5 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace near Owsley Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Martin D. Ramsey  
13. Birthplace near Frankfort Ky  
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Fannie Manley  
15. Birthplace Boone Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Samuel Ramsey

(b) Address near Macon

17. (a) Funeral (b) Date thereof Dec 21 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hickory Point

18. (a) Signature of funeral director L. H. Flynn

(b) Address Green Ridge Mo

19. (a) 12-20-1943 (b) M. C. Sauls  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis  
(c) City or town Rural Green Ridge  
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19  
year 1943 hour 12 Pm minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Dec 19 1943 to Dec 19 1943  
that I last saw him alive on Dec 19 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Chor. Myocarditis

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions 93d  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature H. W. K. ... (M. D. or other)

Address 1106 W. ... Date signed Dec 19 1943

WRITE PLAINLY—USE UNFADING 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.

RECEIVED

District Health Officer No. 8

District File Number

was Filed

1-6-44

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

L. L. Peam

Licensed Embalmer No.

1881

P. O. Address

Union Ridge

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.