

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 261

Primary Registration District No. 5895

Registrar's No. 4

1. PLACE OF DEATH:

Ozark
(a) County... Rural - Marion
(b) City or town...
(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... 28 years (Specify whether years, months or days)

3. (a) PRINT James Patterson Rambo
FULL NAME

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

4. Sex... male 5. Color or race... white 6. (a) Single, widowed, married, divorced... 3 Divorce
6. (b) Name of husband or wife... 6. (c) Age of husband or wife if alive... 30 years 1877
7. Birth date of deceased... May (Month) 30 (Day) 1877 (Year)

8. AGE: Years 66 Months 9 Days 5 If less than one day hr. min.

9. Birthplace... Pittsburg Pennsylvania (City, town, or county) (State or foreign country)
Postmaster

10. Usual occupation...

11. Industry or business...

12. Name... David W. Rambo

13. Birthplace... Pennsylvania (City, town, or county) (State or foreign country)
Isabella Carmo

14. Maiden name... New Wilmington Pennsylvania (City, town, or county) (State or foreign country)

16. (a) Informant... (b) Address... Longrun, Missouri

17. (a) Burial (b) Date thereof... 3 - 9 - 44 (Month) (Day) (Year)
(c) Place: burial or cremation... Thornfield Cem

18. (a) Signature of funeral director... (b) Address... Gainesville, Missouri

19. (a) March 3, 1944 (b) Hattie G. Davis (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Ozark
(c) City or town... Rural (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...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... March day... 7
year... 1944 hour... 5 minute... 15 P. M.

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

Immediate cause of death. This man had a heart attack and died before a physician could be summoned.

Due to Bad Diebetic condition of several years standing

Due to Margaret Hutchison Local Registrar
Other conditions... (Include pregnancy within 3 months of death)

Major findings: Of operations... 61
Of autopsy...

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... (M. D. or other) D
Address... Date signed...

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

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..... *W. B. Hutchison*
Licensed Embalmer No. *3431*
P. O. Address..... *Gainesville, M*

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.