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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 11 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

15352

State File No.

Registration District No. 231

Primary Registration District No. 3048

Registrar's No. 69

1. PLACE OF DEATH:

(a) County Nodaway

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

(c) Name of hospital or institution: St. Francis hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 33 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74

(c) City or town Maryville (rural) 0
(If outside city or town limits, write "RURAL")

(d) Street No. 3 miles north east 0
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Arrena Jane Ramsey

3. (b) If veteran, name war

3. (c) Social Security No. no

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife William T. Ramsey

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased December 17, 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 4 Days 5 If less than one day hr. min.

9. Birthplace unknown (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name unknown
13. Birthplace UNKNOWN (City, town, or county) UNKNOWN 9 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace UNKNOWN (City, town, or county) UNKNOWN 9 (State or foreign country)

16. (a) Informant Wm. T. Ramsey

(b) Address Maryville Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-23-44 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill cemetery

18. (a) Signature of funeral director Price Funeral Home

(b) Address Maryville Mo

19. (a) 4-22-44 (Date received local registrar) (b) Amy Barbee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21 year 1944 hour 1 minute 50 P. M.

21. I hereby certify that I attended the deceased from Nov 30-1943 19 to April 21 1944 that I last saw her alive on April 21 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatation with Heart Failure from an old Myocarditis & Endocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 93d

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? ✓ (Specify type of place)

While at work? ✓ (e) Means of injury ✓

23. Signature Chas. F. Bell (M. D. or other) MD

Address Maryville Mo Date signed 4/22/44

1349

(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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed: W. L. Gee

Licensed Embalmer No. 2539

P. O. Address Maynelle

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

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