

Primary Registration District No. 5550

600
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Howell
(b) City or town Rural- Benton Twp
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 65 years
years, months or days)

3. (a) PRINT FULL NAME Amanda L. Ramsey
(b) If veteran, name war _____ (c) Social Security No. none

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 October 9 1871
(Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name William D. Cox
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Setzer
15. Birthplace N. Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Vada Riley
(b) Address Caulfield, Missouri

17. (a) Burial (b) Date thereof 12/3/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fowler Cemetery

18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Gainesville, Mo.
19. (a) 12-4-44 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howell 46
(c) City or town Caulfield- rural 0
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 1
Year 1944 hour 7 minute 20 P. M.

21. I hereby certify that I attended the deceased from Nov 20, 1944 to Dec 1, 1944
that I last saw her alive on Dec 1, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency
Duration _____

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 92
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)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature C. A. Beach M.D.
Elizah. Mo. (M. D. or other)
Date signed 12-4

RECEIVED

District Health Officer No. 5,

District File Number 125-25

Date Filed 1-16-45

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 A. B. Sketchison

Licensed Embalmer No. 3431

P. O. Address Yamessville, Va

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.