

FILED JAN 12 1946
Registration District No. 27

Primary Registration District No. 5938

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

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town Rural - Phelps Co.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: HARRINGTON Twp.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski 85

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

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Claude Ramsey

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Anna Ramsey 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased 3 1 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

51	9	8	hr. min.
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9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Judas Ramsey

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Martha Malinda Crismon

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Ramsey

(b) Address Dixon, Missouri

17. (a) Burial (b) Date thereof 12/11/1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ramsey

18. (a) Signature of funeral director Fred H. Gilbert

(b) Address Dixon, Missouri

19. (a) Dec. 11, 1945 (b) Mr. Juanita Harvey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 9
year 1945 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw him Dec. 9 and that death occurred on the date and hour stated above.

Immediate cause of death Cherry Cordias Embolism

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy 940

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 3

23. Signature S. H. Miller (M.D. or other) 3
Address Ramsey Date signed 12/10/45

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 Dec 9-45 Registered Apprentice No. _____
working under my personal supervision.

Signed

Fred B. Gilbert

Licensed Embalmer No. 2341

P. O. Address Dixon, Missouri

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.