

400  
WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Holt

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

(c) Name of hospital or institution: No  
(If not in hospital or institution, write street number & location)

(d) Length of stay: In hospital or institution No  
(Specify whether)

In this community Most all his life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Noelaway

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

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James Edward Ramsey

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28  
year 1947 hour 6 minute 30 A.

4. Sex MD 5. Color or race W

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

6. (b) Name of husband or wife Wickey Campbell Ramsey

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Sept 16 1875  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 25, 1947 to Feb 28, 1947  
that I last saw him alive on Feb 28, 1947  
and that death occurred on the date and hour stated above.

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

71 5 1 hr. \_\_\_\_\_ min.

Immediate cause of death Coronary occlusion

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace Rural Oregon Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 94 P

Of autopsy \_\_\_\_\_

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

12. Name Retta Thomas Ramsey

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

14. Maiden name Lucy Marion

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Emerson Ramsey

(b) Address Barnard, Mo.

17. (a) Burial (b) Date thereof 3-2-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ch. O. F. Graham

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? \_\_\_\_\_

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

(b) Address Marionville Missouri

19. (a) (Date received local registrar) 3-2-47 (b) (Registrar's signature) [Signature]

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

(e) Means of injury 0

23. Signature [Signature] (M. D. or other) MD

Address Main St. Mo. Date signed 3-3-47

MAY 12 1947

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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..... *William Campbell* .....

Licensed Embalmer No. *2620* .....

P. O. Address..... *Marionville Mo* .....

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.