

S. No. 2
-12-45
5-17-39
P1 X47070

FILED DEC 29 1947
Registration District No. 22

Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
State Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)

In this community 10 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess

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

(d) Street No. 7
(If rural, give location)

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

3. (a) PRINT FULL NAME GRANT RAMSBOTTOM

3. (b) If veteran, name war unknown

3. (c) Social Security No. unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 21 year 1947 hour 1 minute 25 A M.

21. I hereby certify that I attended the deceased from 12-11-1947 to 12-20-1947 that I last saw him alive on 12-20-1947 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased: 10-6-1863
(Month) (Day) (Year)

Immediate cause of death Myocarditis

Due to Arterio-sclerosis

Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>2</u>	<u>15</u>	hr. min.

Other conditions Psychosis 5 years

(Include pregnancy within 3 months of death)

Major findings: AND

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Farmer

11. Industry or business Agriculture

12. Name Oliver Del Ramsbottom

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

14. Maiden name unknown

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

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? _____

16. (a) Informant James Ramsbottom

(b) Address Gallatin, Missouri

17. (a) Removal (b) Date thereof 12-21-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gallatin MO

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

(b) Address St. Joseph MO

19. (a) 12-23-47 (b) B. G. Jenkins
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Parrest Thomas (M. D. or other) _____

Address State Hospital No. 2 Date signed 12-21-47

St. Joseph MO
H. Morrow O.P.

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.....

Charles M. Harman, Registered Apprentice No. 450
working under my personal supervision.

Signed..... John Roy Stau

Licensed Embalmer No. 2435

P. O. Address. St. Joseph

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.