

47
39
908

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

Registration District No. **369**

Primary Registration District No. **24538**

1. PLACE OF DEATH:
(a) County **Wayne**
(b) City or town **Piedmont**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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

3. (a) PRINT FULL NAME **Ann Jane Ramsey**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **F** | 5. Color or race **W** | 6. (a) Single, widowed, married, divorced **M** |
6. (b) Name of husband or wife **James Ramsey** | 6. (c) Age of husband or wife if alive **72** years
7. Birth date of deceased **Feb. 15 1897**
(Month) (Day) (Year)

8. AGE: Years **51** Months **9** Days **9** | If less than one day _____ hr. _____ min.

9. Birthplace **Floride, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER
12. Name **Robert Sutton**
13. Birthplace **D.K.**
(City, town, or county) (State or foreign country)
14. Maiden name **Lucy Middleton**
15. Birthplace **D.K.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Elizabeth Hasting**
(b) Address **Piedmont, Mo.**

17. (a) Burial (b) Date thereof **11/26/48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Big Creek Cem. (Gro. n. e.)**

18. (a) Signature of funeral director **William Bohr**
(b) Address **Piedmont, Mo.**

19. (a) Dec 30 48 (b) **Susie B. Pile**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Wayne**
(c) City or town **Piedmont**
(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 _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov.** day **24**
year **1948** hour _____ minute **6:00 P.M.**
21. I hereby certify that I attended the deceased from **Nov. 20**
_____ 1948 to **Nov. 24** 1948
that I last saw ~~her~~ **her** alive on **Nov. 24** 1948
and that death occurred on the date and hour stated above.

Immediate cause of death **Diabetes Comas**
Due to **Diabetes.**

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

Major findings:
Of operations **61**
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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **L. J. Tamm** (M. D. or other) _____
Address **Piedmont, Mo.** Date signed **12/24/48**

RECEIVED

Health Officer No. _____

File Number 149

Date Filed 1-6-4

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.....

Cooper Funeral Home

Registered Apprentice No. _____

working under my personal supervision.

Signed William Cooper

Licensed Embalmer No. 3723

P. O. Address Richmont, N

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.