

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D JUL 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

20931
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 391
 (b) Township Raw Primary Registration District No. 100
 (c) City Kansas City (d) Street No. St Vincent's Hospital Registered No. 2381
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. John Patrick Ralston 429 St. Greeley, Kansas (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 6, 1935

7. AGE YEARS 2 MONTHS 9 DAYS 6 IF LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. None
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greeley Kansas

FATHER 13. NAME L. Walter Ralston

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Kansas

MOTHER 15. MAIDEN NAME Marie Angelus Glover

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Los Angeles California

17. INFORMANT (ADDRESS) L. Walter Ralston 3310 Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE Greeley, Kansas DATE June 14, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wagner Funeral Home 2204 W. Finwood

20. FILED June 13, 1938 M. M. Grove Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1938

22. I HEREBY CERTIFY, that I attended deceased from March 30, 1938, to June 12, 1938
 I last saw him alive on June 12, 1938 Death is said to have occurred on the date stated above, at 7 P. M.
 The principal cause of death and related causes of importance were as follows:

Enteritis-Tuberculous secondary to Ghon's process. Date of onset June 1-38

Other contributory causes of importance: 25

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? ye

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? NO Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? !
 If so, specify Joseph Conrad M.D.
 (Signed) Joseph Conrad (Address) 1308 Waldheim Bldg

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.