REC'D AUG 10 1938

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

26406
Do not use this space.

1. PLACE OF DEATH
(a) County St Francois Registration District No. 772
(b) Township Randolph Tp. Primary Registration District No. 6024C Registered No. 793
(c) City Elvins (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 1 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James K Poke Ragsdale 2311
(a) Residence, No. Elvins Mo R.F.D. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Mary Ann Ragsdale
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22
7. AGE YEARS 66 MONTHS 11 DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. P.W.A.
9. Industry or business in which work was done, as saw mill, bank, etc. Worker
10. Date deceased last worked at this occupation (month and year) July 18
11. Total time (years) spent in this occupation 5 Da

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinoise

FATHER
13. NAME Tomas Ragsdale
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinoise

MOTHER
15. MAIDEN NAME Nancy Erkve
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinoise

17. INFORMANT (ADDRESS) Mary A Ragsdale Elvins Mo R.
18. BURIAL, CREMATION, OR REMOVAL Marion Ill
PLACE Liberty Cem. DATE 7-20 1938
19. FUNERAL DIRECTOR (ADDRESS) Spaw & Son Elvins Mo
20. FILED 8/3 1938 C B Farrar Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18 1938
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10:00 m. AM.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Natural Casus	

Other contributory causes of importance: 200B

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... 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? 2 a
If so, specify .....
(Signed) Joseph Diemer Deputy, M. D.
(Address) Flat River Corner

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

26466
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1. PLACE OF DEATH
(a) County St. Francois
(b) Township Randolph
(c) City
Registration District No. 772
Primary Registration District No. 6024c
Registered No. 793
(d) Street No. , St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 James K. Polk Ragsdale
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): married

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

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

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
66	11	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Odd Jobs
9. Industry or business in which work was done, as saw mill, bank, etc. Laborer
10. Date deceased last worked at this occupation (month and year) July 18, 38
11. Total time (years) spent in this occupation 3yrs

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

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

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	Date of onset
Natural Causes	

Other contributory causes of importance:

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 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

(Signed) Joseph Diemer Coroner
(Address) Flat River Mo

SUPPLEMENTARY

CAUTION: Blanks supplied must be stated EXACTLY. PHYSICIAN should state ... that it may be properly classified. Exact statement of OCCUPATION is very important.
REGISTRAR DOES NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.