

REC'D APR 13 1939

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

10796
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 316
(b) Township _____ Primary Registration District No. 2001 Registered No. 202
(c) City SPRINGFIELD (d) Street No. OZARKOSTOPATHIC HOSPITAL 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

360 MATILDA RADEK
(a) Residence, No. MANSFIELD MO. St. Mansfield Mo.
(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 F 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 ALBERT RADEK
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22, 1890
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 9 14
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEWIFE
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) MARCH 2, 1939 11. Total time (years) spent in this occupation WIFE

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

FATHER 13. NAME John Ratke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leumoh Neb

MOTHER 15. MAIDEN NAME Carolyn Ratke

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hamburg Germany

17. INFORMANT (ADDRESS) ALBERT RADEK MANSFIELD MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE MANSFIELD MO DATE MARCH 6, 1939

19. FUNERAL DIRECTOR (ADDRESS) FA STEFFE MANSFIELD MO.

20. FILED Mar 6 1939 Chas A George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 2 1939 to Mar 6 1939
I last saw her alive on Mar. 6 1939 Death is said to have occurred on the date stated above, at 2:48 p.m.
The principal cause of death and related causes of importance were as follows:

convulsion of brain complicated with perforation
Date of onset 175 B.
Other contributory causes of importance:

Name of operation Repair of Injury Date of Mar 21, 1939
What test confirmed diagnosis? HOMICIDE Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? HOMICIDE Date of injury Mar 2, 1939
Where did injury occur? Mansfield Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Hit on head
Nature of injury Convulsion of Brain

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) William A. Stetzel M.D.
Springfield Mo.

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.

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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.)