

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.

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

JUL 10 1939

21163
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002
(c) City Kansas City, Mo. (d) Street No. 406 East 43rd St. Registered No. 2431
(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 John M. Ragland

(a) Residence, No. 406 East 43rd St. 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 H. Ragland.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20, 1866.
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 0 24

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Livestock Com.
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)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME John O. Ragland.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky.

MOTHER
15. MAIDEN NAME Martha Jane King.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

17. INFORMANT Martha Jane Ragland.
(ADDRESS) 406 East 43rd, K. C., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington. DATE 6/15-1939

19. FUNERAL DIRECTOR (NAME) Stine & McClure.
(ADDRESS) 3235 Gillham Plaza, K. C., Mo.

20. FILED June 4, 1939 M. M. Crowder
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14, 1939.

22. I HEREBY CERTIFY, That I attended deceased from 4/30, 1938, to June 14, 1939
I last saw him alive on 6/13, 1939 Death is said to have occurred on the date stated above, at 6:45 a.m.
The principal cause of death and related causes of importance were as follows:

Hypertensive Heart Disease

95 B

Other contributory causes of importance:
Chronic Degenerative Arthritis

Name of operation Date of
What test confirmed diagnosis? ekg Was there an autopsy? NO

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? NO
If so, specify
(Signed) George C. Lee, M. D.
(Address) 730 Professional Bldg.

Dr. George C. Lee.

Puff Bloddy
1 to 4

730

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.