

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43116

Registration District No. 200 Primary Registration District No. 4120

Registrar's No. 14

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Kearney, Missouri
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Willie Kyle Ragland 245
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife M. W. Ragland 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 31 1904
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>35</u>	<u>7</u>	<u>23</u>	hr. _____ min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation housewife

11. Industry or business _____
12. Name Walter Rucker
13. Birthplace Missouri
14. Maiden name Nettie W. Geter
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature M. W. Ragland
(b) Address Kearney, Mo.
17. (a) Burial (b) Date thereof Nov. 24-39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Madison, Missouri

18. (a) Signature of funeral director Leonard Gray
(b) Address Kearney, Missouri
19. (a) 11/23/39 (b) Phos. L. Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Clay
(c) City or town Kearney
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov - ~~22~~ day 22 nd
year 1939 hour 11 minute 45 P.M.
21. I hereby certify that I attended the deceased from _____, 1935, to Nov 22, 1939,
that I last saw her alive on 11-22-39, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Multiple Sclerosis Duration 1932
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations none
Of autopsy none
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 N. R. Schuhmacher (M. D. or other) MD.
Address Kearney Mo Date signed 11-23-39

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.

RECEIVED
District Health Officer No. 8,
District File Number 118142
Date Filed

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 Leonard Jany
Licensed Embalmer No. 1677
P. O. Address Kearney

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.