

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.

Registration District No. 733

Primary Registration District No. 4438

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Randolph 2
 (b) City or town Huntsville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED: 1
 (a) State Mo (b) County Randolph
 (c) City or town Huntsville
 (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.

3. (a) PRINT FULL NAME JOSEPH EDWARDS RAGSDALE
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec, day 24
 year 1939 hour 10 minute 30 a. m.

4. Sex male 5. Color or race W
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Hattie 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Oct 25 1913
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 17, 1939, to Dec 24, 1939;
 that I last saw him alive on Dec 24, 1939
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
66 1 29 hr. _____ min.

Immediate cause of death
Lobar Pneumonia
R. lower lobe Duration 7 days

9. Birthplace Monroe Co
 (City, town, or county) (State or foreign country)
 10. Usual occupation Coal Miner

Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____

11. Industry or business _____
 12. Name William Ragsdale
 13. Birthplace Monroe Co
 (City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Moore
 15. Birthplace Monroe Co
 (City, town, or county) (State or foreign country)

PHYSICIAN _____
 Major findings: Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Hattie Ragsdale
 (b) Address Huntsville Mo
 17. (a) Burial (b) Date thereof Dec 26 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Holiday Bethel Church
 18. (a) Signature of funeral director Tom B. Patton
 (b) Address Huntsville Mo
 19. (a) Jan-1-1940 (b) Mrs. D. A. Barnhart
 (Date received local registrar) (Registrar's signature)

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 Philip Dreyer (M. D. or other) _____
 Address Huntsville Mo Date signed 12/26/39

RECEIVED

District Health Officer No. 10

District File Number 1-40-36

Date Filed JAN 2 1940

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, Ala

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.