

Registration District No. 828

Primary Registration District No. 6204

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Webster  
(b) City or town E. Dallas township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
X X 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution X (Specify whether  
In this community X X  
years, months or days)

3. (a) PRINT FULL NAME Wanda Mae Ragsdale

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased February 24, 1940  
(Month) (Day) (Year)

8. AGE: Years No Months 1 Days 23 If less than one day X hr. X min.

9. Birthplace Webster Co., Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business X

12. Name Frank Ragsdale

13. Birthplace Douglas Co., Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Davie Martin

15. Birthplace Webster Co., Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Frank Ragsdale

(b) Address Marshfield, Missouri, RFD 3

17. (a) Burial (b) Date thereof April 18, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill

18. (a) Signature of funeral director Frank Ragsdale acting

(b) Address Marshfield, Missouri, RFD 3

19. (a) May 12-40 (b) Leath Good  
(Date recorded local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster  
(c) City or town rural - E. Dallas township  
(If outside city or town limits, write "RURAL")  
(d) Street No. X (If rural, give location)  
(e) If foreign born, how long in U. S. A.? X years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17  
year 1940 hour 7 minute A M.

21. I hereby certify that I attended the deceased from April 15, 1940 to April 16, 1940  
that I last saw her alive on April 16, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia Duration 5 days

Due to Infection of the lungs about 3 weeks

Due to 26

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 U.E. Ridd (M. D. or other) J.R.  
Address Marshfield Mo Date signed 5-7-40

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. 6,

District File Number 640-1344

Date Filed JUN 10 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.....X

.....X....., Registered Apprentice No.....X

working under my personal supervision.

Signed.....X.....

Licensed Embalmer No.....X.....

P. O. Address.....X.....

**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.**