

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. **530** Primary Registration District No. **5708** Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Macon**

(b) City or town **Eastley Mo**
(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 years, months or days) **2 1/2**

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Macon**

(c) City or town **Near Elmer Mo**
(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 **Laura Charbel Ratliff**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **26**
year **1940** hour **40** minute _____ M.

21. I hereby certify that I attended the deceased from **July 26**, 19**40**, to **July 26**, 19**40**
that I last saw h. **alive on** _____, 19____
and that death occurred on the date and hour stated above.

4. Sex **♀** 5. Color or race **w**

6. (a) Single, widowed, married, divorced _____

6. (c) Age of husband or wife if _____ years

7. Birth date of deceased **April 24 1932**
(Month) (Day) (Year)

Immediate cause of death **Accident Drowning** Duration **Inst**

Due to **Getting in deep water in Walnut Creek west of Elmer + could not swim**

8. AGE: Years **8** Months **3** Days **2** If less than one day _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy **no**

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace **Mo** (City, town, or county) _____ (State or foreign country) _____

10. Usual occupation _____

11. Industry or business _____

12. Name **E. O. Ratliff**

13. Birthplace **Mo** (City, town, or county) _____ (State or foreign country) _____

14. Maiden name **Stella Pearl Shultness**

15. Birthplace **Mo** (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant **E. O. Ratliff**

(b) Address **Elmer Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **July 28-40**
(Monthly) (Day) (Year)

(c) Place: burial or cremation **Mount Carmel**

18. (a) Signature of funeral director **M. H. Mc. Colman**

(b) Address **South Lifford Mo**

19. (a) **Aug 10-40** (Date received local registrar) (b) **Mrs. Elvord Baker** (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **July 26-1940**

(c) Where did injury occur? **West of Elmer Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
4701 Abank Elmer
While at work? **no** (Specify type of place) (e) Means of injury: **Drowning**

23. Signature **Lowest Coronas** (M. D. or other) _____
Address **New Pomeria Mo** Date signed **Aug 2-1940**

RECEIVED

District Health Officer No. 10

District File Number 8-40-1659

Date Filed AUG 17 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

W. H. Collins

Registered Apprentice No.

working under my personal supervision.

Signed *W. H. Collins*

Licensed Embalmer No. 2052

P. O. Address *South Eff.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

**MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 25682

Registration District No. 530

Primary Registration District No. 5708

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Macon
 (b) City or town Easley T.P.
(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:

(a) State _____ (b) County _____
 (c) City or town _____
(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

Laura Clairbel Ratliff

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

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years 8 Months 3 Days 2 If less than one day _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name E O (Ratliff) Ratliff

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Aug 10 1940 (b) Mrs Lloyd Baker
(Date received local registrar) (Registrar's signature)

DECLARATION OF DEATH

20. DATE OF DEATH: Month 7 day 26
 year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
 that I last saw him _____ alive on _____ 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____

Of autopsy _____

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) (Means of injury)

23. Signature W. A. Keast _____
(M. D. or other)

Address New Cambria _____ Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

REPRODUCING BLACK INK—MAKE A PERMANENT RECORD

MOTHER RATH...

RECEIVED MISSOURI STATE BOARD OF HEALTH

