

STANDARD CERTIFICATE OF DEATH

State File No. 29441

Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 154

FILED SEP 25 1940
735

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

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
816 Westend Pl 2
(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 Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 816 Westend Pl
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1st
year 1940 hour 12 minute 05 a.m.

21. I hereby certify that I attended the deceased from July 27, 1940, to Aug 1, 1940; that I last saw him alive on July 31, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
(Congestive Heart Failure)

Duration Wch 14th

Due to _____
Due to _____
Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)

Major findings: 121
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 NO
(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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Moberly, Mo Date signed 8/1/40

3. (a) PRINT FULL NAME Edd W. Ragsdale

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

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

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

7. Birth date of deceased Nov 29 1872
(Month) (Day) (Year)

8. AGE: Years 68 Months 4 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name James W. Ragsdale

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

14. Maiden name Beth Williams

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

16. (a) Informant Mrs Edd W. Ragsdale

(b) Address Moberly Mo

17. (a) Burial (b) Date thereof Aug 9th 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly

18. (a) Signature of funeral director Mohlan and Son

(b) Address Moberly, Mo

19. (a) Aug 1-40 (b) Seah Williams
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No: 10

District File Number 9-40-1802

Date Filed SEP 18 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 Frank D. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly Mo

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.