

10-39  
-39  
121492

Registration District No. **104**  
**OCT 22 1940**

Primary Registration District No. **5770**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Moniteau *Moniteau, Mo*

(b) City or town Rural South Moniteau  
(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 2  
(Specify whether years, months or days)

In this community Life  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau

(c) City or town Clarksburg, Mo "Rural"  
(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 Sarah E. Ralston

3. (b) If veteran, name war no

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4th.  
year 1940 hour 5. minute P. M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Robert Ralston

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased March, 9th. 1869  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7-22-1940 to 9-4-1940  
that I last saw her alive on 9-4-1940  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>5</u>	<u>25</u>	hr. _____ min. _____

Immediate cause of death Paralysis of the muscles of deglutition Acute nephritis

Due to Cause unknown

Duration 5 days

9. Birthplace Pettis County, Missouri  
(City, town, or county) (State or foreign country)

Due to Sciatic Rheumatism

Other conditions (include pregnancy within 3 months of death)

10. Usual occupation Housewife

11. Industry or business -----

MOTHER FATHER { 12. Name Peter Porter

13. Birthplace Rockingham, North Carolina  
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Mc Daniel

15. Birthplace Morgan County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Wray

(b) Address 309 S. Carl Seals St. Mo.

17. (a) Burial (b) Date thereof 9/6/1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clarksburg Masonic Cen.

18. (a) Signature of funeral director Yemee E. Richards

(b) Address 121st St. Mo

19. (a) 9-16-1940 (b) J. L. Martin  
(Date received local registrar) (Registrar's signature)

Due to \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy Yes

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? 741

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

23. Signature H. R. Popersy (M. D. or other) 1

Address California Mo Date signed 9-6-40

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

**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 me

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

working under my personal supervision.

Signed

Jesse E. Richards  
Licensed Embalmer No. 2466  
P. O. Address Lipton, N.

**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, above space should be left blank.**