

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

32668.  
Do not use this space.

1. PLACE OF DEATH *1010*  
 (a) County *New Madrid 20* Registration District No. *605*  
 (b) Township *Cairo* Primary Registration District No. *4359*  
 (c) City or \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St.  
 (e) Length of residence in city or town where death occurred \_\_\_\_\_ yrs. mos. ds. (f) How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. mos. ds.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME *Alice Jay Ragsdale*  
 (a) Residence, No. *Cairo mo* St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>-</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Dec 7, 1939</i>		
7. AGE YEARS	MONTHS	DAYS
<i>9</i>	<i>9</i>	<i>25</i>
If LESS than 1 day, _____ hrs. on _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <i>clerk</i>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <i>-</i>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Clayton mo</i>		
FATHER	13. NAME <i>Herbert E Ragsdale</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>West Mansfield Ill</i>	
MOTHER	15. MAIDEN NAME <i>Jessie Grover</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Rosedale Ill</i>	
17. INFORMANT (ADDRESS) <i>Herbert Ragsdale Cairo mo</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Kewanee mo</i> DATE <i>Oct 3</i> 19 <i>40</i>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <i>E. E. Jolley 531 Cairo mo</i>		
20. FILED <i>10/3</i> 19 <i>40</i> <i>Dr. G. W. Hunter</i> Local Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 2*, 19*40*

22. I HEREBY CERTIFY, That I attended deceased from *Sept 29*, 19*40*, to *Oct 2*, 19*40*.  
 I last saw him alive on *Sept 30*, 19*40*. Death is said to have occurred on the date stated above, at *2:45 P.M.*  
 The principal cause of death and related causes of importance were as follows:  
*Gastro-Enteritis*

Date of onset *Sept 29*  
*1940*

Other contributory causes of importance:  
*11912*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis *clinical* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? *no*  
 If so, specify \_\_\_\_\_  
 (Signed) *E. E. Jones* M. D.  
 (Address) *Kilbourn, mo*

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. 2,

District File Number 1040-157

Date Filed 10/14/49

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**