

No. 2
11-1050
5-17592
1 X21492

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

JAN 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

48877
State File No. _____
Registrar's No. 1713

Registration District No. 750 Primary Registration District No. 4451

1. PLACE OF DEATH:

(a) County Ripley
(b) City or town Doniphan
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Williams Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 1 day years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ripley
(c) City or town Doniphan
(If outside city or town limits, write "RURAL")
(d) Street No. Rural (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7
year 1940 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from
Dec 6, 1940, to Dec 7, 1940.
that I last saw him alive on Dec 7, 1940.
and that death occurred on the date and hour stated above.

Immediate cause of death asphyxiation

Due to Bronchial pneumonia
Due to the

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

Major findings: Of operations _____
Of autopsy _____

Duration
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? 674
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J. Williams (M. D. or other) _____
Address Doniphan Mo Date signed _____

3. (a) PRINT FULL NAME Ralph Eugene Cates

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 ✓

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

7. Birth date of deceased Oct 7 - 1940
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Jesse Cates
13. Birthplace Ripley Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Williama Murphy
15. Birthplace Le Claire Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Jesse Cates
(b) Address Doniphan, Mo.

17. (a) Rural (b) Date thereof 12-8-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Johnston's Chapel

18. (a) Signature of funeral director J. Williams
(b) Address Doniphan Mo

19. (a) 12-9-40 (b) J. B. Johnston
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 5,

District File Number 14128

Date Filed _____

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.