No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 19 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7816

Registration District No. 668

Primary Registration District No. ~~3032~~ 3870

Registrar's No. 75

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

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia - Rural

(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 fifty years

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo Mo (b) County Pettis 40

(c) City or town Rural R = 0

(If outside city or town limits, write "RURAL")

(d) Street No. 0

(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Benjamin Clark Ragar

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 Bertie Ragar

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased 12 (Month) 13 (Day) 85 (Year)

8. AGE: Years 55 55 | Months 2 2 | Days 12 12 | If less than one day hr. min.

9. Birthplace Pettis county 0 (City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business

MOTHER FATHER

12. Name George Ragar

13. Birthplace Kentucky 1 (City, town, or county) (State or foreign country)

14. Maiden name Roxie Calvert

15. Birthplace Ky 1 (City, town, or county) (State or foreign country)

16. (a) Informant Bertie Ragar

(b) Address Sedalia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-41 (Month) (Day) (Year)

(c) Place: burial or cremation Hickory Park

18. (a) Signature of funeral director R. J. Parker

(b) Address La Monte Mo

19. (a) 2-25-41 (Date received local registrar) (b) Mrs Harry Sneed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25th year 1941 hour 9 minute 30 A M.

21. I hereby certify that I attended the deceased from Feb 25, 1941, to Feb 25, 1941; that I last saw him alive on Feb 25, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gun shot wound (accidental) just below ribs on left side	1½ hrs
Due to accidental discharge of shot gun	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 184	
Of autopsy 17	

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) accident

(b) Date of occurrence Feb 25 1941

(c) Where did injury occur? At home (rural) (City or town) (County) (State) Mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0 40 (Specify type of place)

While at work? no (e) Means of injury gun

23. Signature H. A. Hite (M. D. ~~or other~~) 0

Address Green Ridge Mo Date signed 2/25/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-13-41

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 myself, Registered Apprentice No. working under my personal supervision.

Signed Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address La Monte, Mo

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

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