

REC'D MAR 19 1941
Registration District No. 743

Primary Registration District No. 4445

State File No. _____
Registrar's No. 4

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

1. PLACE OF DEATH: Ray
 (a) County Ray
 (b) City or town Orick Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community at his life years, months or days

3. (a) PRINT FULL NAME Benjamin F. Ralph
 3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower
 6. (b) Name of husband or wife dead 6. (c) Age of husband or wife if alive dead years
Georgia Brashear (Month) May (Day) 27 (Year) 1856

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>8</u>	<u>13</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business none

12. Name Robert Ralph
 13. Birthplace North Carolina
 (City, town, or county) (State or foreign country)

14. Maiden name Frances Riffe
 15. Birthplace Ray Co Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant Alton Ralph
 (b) Address Orick Mo

17. (a) Burial (b) Date thereof 2-11-41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brashear Church

18. (a) Signature of funeral director C.V. Gibson
 (b) Address Orick Mo

19. (a) 2/10/41 (b) B. Campbell
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Ray 89
 (c) City or town Orick Mo 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. no st number 0
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? no () years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10
 year 1941 hour 8:30 minute 0 M.

21. I hereby certify that I attended the deceased from Feb 6, 1941, to Feb 10, 1941;
 that I last saw him alive on Feb 10, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death
Heart Block
Chronic Endocarditis several years

Due to Hypertrophy of ventricle
blood and urine
Retention

Other conditions
 (Include pregnancy within 3 months of death)

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?

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

23. Signature Giffin T. Simmons (M.D. or other) D.O.
 Address Orick Mo Date signed 2/10/41

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-10-41

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

Me Registered Apprentice No. _____
working under my personal supervision.

Signed C. V. Gibson
Licensed Embalmer No. 2299
P. O. Address Ozark, 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, fact should be so stated above.