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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9672

Registration District No. 3

Primary Registration District No. 1002

Registrar's No. 1081

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

1. PLACE OF DEATH:

(a) County: Jackson,

(b) City or town: Kansas City,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3010 Chestnut Street, /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: no. (Specify whether years, months or days)
In this community: 2 years,

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri, (b) County: Jackson,

(c) City or town: Kansas City,
(If outside city or town limits, write "RURAL")

(d) Street No.: 3010 Chestnut Street,
(If rural, give location) 0

(e) If foreign born, how long in U. S. A.? no. years.

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3. (a) PRINT FULL NAME: Otis J. Ragland,

3. (b) If veteran, name war: No.

3. (c) Social Security No.: No.

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife: Catherine Ragland,

6. (c) Age of husband or wife if alive: 78 years

7. Birth date of deceased: December (Month) 8 (Day) 1857 (Year)

8. AGE: Years 83 | Months 3 | Days 6 | If less than one day: hr. min.

9. Birthplace: Kentucky, / (City, town, or county) (State or foreign country)

10. Usual occupation: Retired

11. Industry or business: Carpenter

MOTHER FATHER

12. Name: Benjamin F. Ragland,

13. Birthplace: Tennessee, / (City, town, or county) (State or foreign country)

14. Maiden name: Carena Baring,

15. Birthplace: Kentucky, / (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Catherine Ragland,

(b) Address: 3010 Chestnut St., K. C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-16-41 (Month) (Day) (Year)

(c) Place: burial or cremation: Brookings Cemetery

18. (a) Signature of funeral director: Stine & McClure,

(b) Address: 3235 Gillham Plaza, K.C., Mo.

19. (a) 3/16/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 14th, year: 1941 hour: 4:00 minute: P. M.

21. I hereby certify that I attended the deceased from 10-31-39, 19..., to 3-14-41, 19...; that I last saw him alive on 3-14-41, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral thrombosis
Generalized arteriosclerosis
Arteriosclerotic heart disease

Due to:

Due to:

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Jno H. Wheeler (M. D. ~~coroner~~)

Address: 1500 Prof. Bldg. Date signed: 3-15-41
Kansas City Mo

(Licensed Embalmer's Statement on Reverse Side)

1 PM, Proprietary

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 Willis H. Bennett, Registered Apprentice No. 282 working under my personal supervision.

Signed E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. C. Mo.

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

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