DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FEB APR 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

11488

State File No.

Registration District No. 609 Primary Registration District No. 4343 Registrar's No. 32

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

1. PLACE OF DEATH:
(a) County NEWTON
(b) City or town NEOSHO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: SALE-BOWMAN HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 DAYS
In this community 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County NEWTON
(c) City or town NEOSHO
(If outside city or town limits, write "RURAL")
(d) Street No. 330 So. LAFAYETTE
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Olivia Langston RATLIFF
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband ~~or wife~~ PHIL RATLIFF
6. (c) Age of husband ~~or wife if~~ alive 53 years
7. Birth date of deceased MAY 23 1889 (Month) (Day) (Year)

8. AGE: Years 51 Months 9 Days 24 If less than one day hr. min.

9. Birthplace (City, town, or county) ARKANSAS (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business
FATHER
12. Name C. B. LANGSTON
13. Birthplace ONARGO (City, town, or county) ILLINOIS (State or foreign country)
MOTHER
14. Maiden name SALLIE BOBO
15. Birthplace (City, town, or county) ARKANSAS (State or foreign country)
16. (a) Informant Phil Ratliff
(b) Address NEOSHO MISSOURI
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MCH 19 1941 (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F. CEMETERY
18. (a) Signature of funeral director Joe Bingham
(b) Address NEOSHO MISSOURI
19. (a) 3-21-41 (Date received local registrar) (b) Omar R. Sale M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MCH day 17 year 1941 hour 11 minute 03 P.M.
21. I hereby certify that I attended the deceased from MARCH 11, 1941, to MCH 17, 1941; that I last saw her alive on MCH 17, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Embolism in left cerebral region
Due to Peritonitis following a ruptured appendix
Due to
Other conditions (Include pregnancy within 3 months of death) Appendix
Major findings: Of operations Ruptured with peritonitis
Of autopsy

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 Melvin A. Bowman (M. D. or other) M.D.
Address Neosho, Missouri Date signed 3-20-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 441-6145
4-11-41

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 .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed .....

Licensed Embalmer No. 2689

P. O. Address Neosho 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.