

No. 2
4-14-40
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X25159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25715
Registrar's No. 85

FILED AUG 16 1941 9

Primary Registration District No. 4363

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

1. PLACE OF DEATH:
(a) County. NEWTON
(b) City or town. NEOSHO
(c) Name of hospital or institution: SALE-BOWMAN HOSPITAL
(d) Length of stay: In hospital or institution. 9 DAYS
In this community. 9 DAYS 58 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State. MISSOURI (b) County. NEWTON
(c) City or town. NEOSHO
(d) Street No. _____
(e) If foreign born, how long in U. S. A? 0 years.

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JULY day 25
year 1941 hour 1 minute 36 P. M.
21. I hereby certify that I attended the deceased from June 4, 1941 to July 25, 1941
that I last saw her alive on July 25, 1941
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Black 6. (a) Single, widowed, married, divorced, Widow
6. (b) Name of husband or wife. Will Ratliff 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Not Positive

Immediate cause of death. Chronic interstitial nephritis
Due to Rheumatism
Due to _____
Other conditions. _____
(Include pregnancy within 3 months of death)

8. AGE: Years About 58 Months _____ Days _____ If less than one day _____ hr. _____ min.

Major findings: Of operations None
Of autopsy None
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace. NEOSHO MO
10. Usual occupation. HOUSE WORK

11. Industry or business _____
12. Name. ABE CALLAWAY
13. Birthplace. TEXAS
14. Maiden name. Mattie Johnson
15. Birthplace. TEXAS

16. (a) Informant. Floyd Pallett
(b) Address. NEOSHO MO
17. (a) BURIAL (b) Date thereof. 7-27-41
(c) Place: burial or cremation. Pleasant Hill Cemetery

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? _____
(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 Orval R. Salway (M. D. or other) _____
Address Neosho, Mo. Date signed 7-26

18. (a) Signature of funeral director. [Signature]
(b) Address. NEOSHO, MISSOURI
19. (a) 7-26-41 (b) Orval R. Salway
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6;

District File Number 841-1377

Date Filed AUG 12 1941

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.....

Donald Reed

Registered Apprentice No. 202

working under my personal supervision.

Signed.....

J. B. Brigham

Licensed Embalmer No. 2689

P. O. Address Keosauqua 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.