

No. 2  
4-13-40  
-17-39  
1940

AN 24 1942

Registration District No. 399

Primary Registration District No. 1002

State File No. 4493

Registrar's No.

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:  
St. Marys Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 weeks  
(Specify whether years, months or days)  
In this community 30 years 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1247 Collins  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Lucy Pauline Ragsdale

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Fe. 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Robert E. Ragsdale 6. (c) Age of husband or wife if alive 49 years  
7. Birth date of deceased April 8th, 1896  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
45 7 24 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name William E. Johns  
13. Birthplace Ill.  
(City, town, or county) (State or foreign country)  
14. Maiden name Lydia Breadlove  
15. Birthplace Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Robert E. Ragsdale  
(b) Address 1247 Collins

17. (a) Burial (b) Date thereof Dec. 4th,  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Forest Hill Cem.

18. (a) Signature of funeral director Rose & Henderson

(b) Address Kansas City, Mo.

19. (a) 12/4/42 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2nd,  
year 1941 hour I minute 30 M.

21. I hereby certify that I attended the deceased from Oct. 24 to date  
19, to 19;  
that I last saw her alive on December 2, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Meningitis  
Due to Osteomyelitis of skull.

Due to 1547

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations As above  
Of autopsy None made

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 J. Myers (M. D. or other) O  
Address 1105 Grand, Kansas City, Mo. Date signed 12/3/41

**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 *H. E. Henderson*.....

Licensed Embalmer No. *3657*.....

P. O. Address *Fla 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.**