

JAN 14 1942
Registration District No. **408**

Primary Registration District No. **3020**

Registrar's No. **207**

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Carthage**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **McCune Brooks Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **One Day**
(Specify whether years, months or days)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
(c) City or town **Carthage**
(If outside city or town limits, write "RURAL")
(d) Street No. **1040 S. Main**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **25**
year **1941** hour **5** minute **15** A.M.
21. I hereby certify that I attended the deceased from **12-24**
19**41** to **12-25** 19**41**
that I last saw her alive on **12-24** 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary heart edema - acute congestive failure 1 day**
Due to **Myocardial degeneration**
Chronic Myocarditis yrs

Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations **93d**
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?
While at work? _____ (Specify type of place) _____
(e) Means of injury _____
23. Signature **[Signature]** M.D.
Address **Carthage Mo** Date signed **12-26-41**

3. (a) PRINT FULL NAME **Sarah Elizabeth Ragsdale**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **John**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **May 7 1866**
(Month) (Day) (Year)

8. AGE: Years **75** Months **7** Days **18**
If less than one day _____ hr. _____ min.

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

10. Usual occupation **At Home**

11. Industry or business **None**

MOTHER FATHER { 12. Name **George Flynn**
13. Birthplace **Unknown Tennessee**
(City, town, or county) (State or foreign country)
14. Maiden name **Margaret Stanley**
15. Birthplace **Unknown Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **Frances Ragsdale**

(b) Address **1140 S Main St, Carthage Mo.**

17. (a) **Burial** (b) Date thereof **Dec 27 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Park Cemetery**

18. (a) Signature of funeral director **Knell Mortuary**

(b) Address **Carthage Mo.**

19. (a) **Dec. 27, 1941** (b) **E. J. Mc Intire, M.D.**
(Date received local registrar) (Registrar's signature)

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

19
1
8

49
1
3

875

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 *John D. Patchelder*
Licensed Embalmer No. *4153*
P. O. Address *Carthage 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.