

FILED FEB 10 1942

Registration District No. 266

Primary Registration District No. 4164

Registrar's No. 69

1. PLACE OF DEATH:

(a) County DeWitt
(b) City or town Salem, Tenn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 80 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Jefferson B. Ragan

3. (b) If veteran, name war _____ 3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Mary Jones Ragan 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Oct 5 1861
(Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 26 If less than one day hr. _____ min. _____

9. Birthplace DeWitt Co., Tenn (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Ragan

13. Birthplace Mo (City, town, or county) (State or foreign country)

14. Maiden name Wilder

15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Maude Denton

(b) Address Salem Mo.

17. (a) Burial (b) Date thereof 12-2-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Spring Cemetery

18. (a) Signature of funeral director Walter A. Charleston
(b) Address Salem Mo.

19. (a) Dec 2 1941 (b) W. A. Butter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County DeWitt
(c) City or town Salem
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month First day Dec
year 1941 hour 11:30 minute 2 M.

21. I hereby certify that I attended the deceased from June 14 1941 to Dec 1 1941; that I last saw him alive on Dec 1 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
Chronic Hypertension

Due to Chronic Hypertension

Due to ✓

Other conditions (Include pregnancy within 3 months of death) ✓

Major findings: Of operations ✓

Of autopsy ✓

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) (Specify type of Means of injury)

23. Signature W. G. DeLeon (M. D. or other) MD
Address Salem Mo Date signed 12-2-41

Duration 24 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 5,

District File Number. 14213

Date Filed _____

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. _____

P. O. Address _____

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, above space should be left blank.