S. No. 2
6—1-4-41
r. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6259

Registration District No. FILED MAR 5 1942

Primary Registration District No. 5215

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Carter

(b) City or town Carter Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 22 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Reynolds 90

(c) City or town Ellington
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? / (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Loren Birtsel Ralls

3. (b) If veteran, name war World War #1

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marie Ralls

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased April (Month) 6 (Day) 1890 (Year)

8. AGE: Years 51 | Months 9 | Days 22 | If less than one day ___ hr. ___ min.

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

10. Usual occupation Physician-Surgeon

11. Industry or business

FATHER
12. Name William Ralls
13. Birthplace (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Lucretia Dillard
15. Birthplace Williamson Co. (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Mrs L. B. Ralls
(b) Address Ellington Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-30-42 (Month) (Day) (Year)
(c) Place: burial or cremation Ellington Mo.

18. (a) Signature of funeral director Leuchel Funeral Service
(b) Address Van Buren Mo.

19. (a) Jan 31 1942 (Date received local registrar) (b) Mrs A. J. Smith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28
year 1942 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from I did not attend deceased in last illness but had examined him previously
that I last saw him alive on 19__
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Dilatation of Heart	
Due to Chronic Myocarditis with Marked hypertension	2 or mean yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 2

23. Signature T. W. Cotton (M. D. ~~or other~~) Coroner
Address Van Buren Mo. Date signed 1-29-42

1078

(Licensed Embalmer's Statement on Reverse Side)

MAR 5 1942

5.

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~~ 2-28-42

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

working under my personal supervision.

Signed Philip A Leuchel

Licensed Embalmer No. 2936

P. O. Address Van Buren In

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.