

No. 2  
9-4-41  
5-17-39  
X29484

2000  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

23966

State File No. \_\_\_\_\_

FILED AUG 7 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. 5131

Registrar's No. 227

1. PLACE OF DEATH:

(a) County **Butler**

(b) City or town **Rural - Ash Hill Twp**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**Fisk, Mo. R. R. 1**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community **1 month**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Butler**

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

(d) Street No. **Fisk, Mo. R. R. 1**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Verna Louise Ravellette**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. **346-12-7819**

4. Sex **Female** / 5. Color or race **White**

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased **November 13 1923**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>18</b>	<b>8</b>	<b>7</b>	hr. _____ min.

9. Birthplace **Vincennes, Indiana**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Waitress**

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name **Frank Ravellett**

13. Birthplace **Vincennes, Indiana**  
(City, town, or county) (State or foreign country)

14. Maiden name **Ida Zigler**

15. Birthplace **Knox County, Indiana**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Burton Ravellette**

(b) Address **Fisk, Mo. R. R. 1**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **7-21-42**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Vincennes, Indiana**

18. (a) Signature of funeral director **Greer Croy Funeral Service**

(b) Address **Poplar Bluff, Missouri**

19. (a) **7-21-42** (Date received local registrar)

(b) **Bill Kurre** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7** day **20** year **1942** hour **2** minute **a** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death **Taking poison of some kind unknown or submitted to the jury**

Due to **Suicide**  
**Verdict of Coroner's Jury**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: **163 H**

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) **Suicide**

(b) Date of occurrence **July 20, 1942**

(c) Where did injury occur? **Butler Co. Fisk, Mo. RR 1**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Home**

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature **Alfred M. Green Coroner** (M.D. or other) \_\_\_\_\_

Address **Poplar Bluff, Mo.** Date signed **7/21-42**

RECEIVED

District Health Office No. 2.

District File Number 842-907

Date Filed 8-4-42

**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: Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff 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.