

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State file No. _____

Registration District No. 399

Primary Registration District No. 10021

Registrar's No. _____

1. PLACE OF DEATH

(a) County Reynolds Co.

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

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

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

In this community 65 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Reynolds

(c) City or town Rural - Carroll Township
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Carroll Twp
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years

3. (a) PRINT FULL NAME Emmia Ratliff

3. (b) If veteran, name war ✓

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1942 hour 1 minute A.M.

21. I hereby certify that I attended the deceased from _____, 1942 to _____, 1942

that I last saw him alive on June 1, 1942
and that death occurred on the date and hour stated above.

4. Sex F. I

5. Color or race W.

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

6. (b) Name of husband or wife Andrew Ratliff

6. (c) Age of husband or wife if alive 70 years 4 1873

7. Birth date of deceased (Month) (Day) (Year)

Immediate cause of death Miliary Tuberculosis

Duration _____

8. AGE: Years 68 Months 8 Days 0
If less than one day _____ hr. _____ min.

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 22a

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

10. Usual occupation Housekeeper

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER

12. Name Jack Wisdom

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

14. Maiden name Jane Ware

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

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? _____

16. (a) Informant's own signature Andrew Ratliff

(b) Address Husband

17. (a) Burial (b) Date thereof 6-5-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Speely Cemetery

18. (a) Signature of funeral director Stacy & Brantley

(b) Address Salem, Mo.

19. (a) July 7, 1942 (b) _____
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place) (c) Means of injury

23. Signature L. L. Henson (M. D. or other)

Address _____ Date signed _____

1194

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important

RECEIVED

District Health Officer No. 5,

District File Number 1042904

Date Filed 10-15-72

Miss Inez Wellington
Reynolds, Mo.

EX-100
REC-100

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.....

Lou Clark
Licensed Embalmer No. 7216

P. O. Address Rolla, 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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34628
Registrar's No.

Registration District No. 299 Primary Registration District No. 6026

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

1. PLACE OF DEATH:

(a) County Reynold

(b) City or town Reual
(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 years, months or days)

3. (a) PRINT FULL NAME Emmia Rathoff

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased oct 4 1942
(Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____ (State or foreign country)

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) June 4th 1942 (Date received local registrar) Mae Bragg Wellington (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June Day _____ year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her live on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Due to _____

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)

(b) 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 _____

Signature _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

1942
S-34628