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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 8 1943

Registration District No. 209

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2830

Primary Registration District No. 4320

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Marion

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

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

(d) Length of stay: In hospital or institution 5 years (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

(c) City or town Palmyra 2 0
(If outside city or town limits, write "RURAL")

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

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

If yes, name country 0

3. (a) PRINT FULL NAME Clinton Curtis Ralph

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lydia Emma Ralph

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased March (Month) 13 (Day) 1867 (Year)

8. AGE: Years 75 Months 10 Days 15 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name William C. Ralph
13. Birthplace (City, town, or county) Deleware (State or foreign country)

MOTHER
14. Maiden name Lucy Cadwell
15. Birthplace (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mrs. Lydia Ralph

(b) Address Palmyra, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/31/43 (Month) (Day) (Year)

(c) Place: burial or cremation Quincy, Illinois

18. (a) Signature of funeral director Lewis Brow

(b) Address Palmyra, Mo.

19. (a) Jan. 28-43 (Date received local registrar) (b) Mrs Margaret Maddox Deputy (Registrar's signature)

1145

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28 year 1943 hour 2 minute 00 A. M.

21. I hereby certify that I attended the deceased from , 1941, to Jany 27, 1943 that I last saw him alive on Jany 27, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration 4 Ys 5 Mo

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

23. Signature T. A. Roelle (M. D. or other)

Address Palmyra Mo Date signed 1/28/43

(Licensed Embalmer's Statement on Reverse Side)

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 Geo. B. Lewis

Licensed Embalmer No. 2382

P. O. Address Palmyra Ills.

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.