7. S. No. 2
DM—9-4-41
e 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1943

Registration District No. 1

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9405

State File No.

Primary Registration District No. 3000

Registrar's No. 67

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

1. PLACE OF DEATH:
(a) County: Adair
(b) City or town: Kirksville Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Grim-Smith Hospital (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)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Shelby 102
(c) City or town: Leonard (If outside city or town limits, write "RURAL") (Rural) 0
(d) Street No. ..... (If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country: /

3. (a) PRINT FULL NAME: Carl C. Ralls
3. (b) If veteran, name war .....
3. (c) Social Security No. 486-05-2250.

4. Sex: M.
5. Color or race: W.
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Lenna McEwen
6. (c) Age of husband or wife if alive: 32 years
7. Birth date of deceased: June (Month) 6 (Day) 1914 (Year)

8. AGE: Years 28 Months 9 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace: Hagers Grove (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation: Farmer
11. Industry or business: mechanic
12. Name (FATHER): Dan Ralls
13. Birthplace (FATHER): Novelty (City, town, or county) Mo. (State or foreign country) 0
14. Maiden name (MOTHER): Laura Harland
15. Birthplace (MOTHER): Leonard (City, town, or county) Mo. (State or foreign country) 0
16. (a) Informant: Mrs. Carl Ralls
(b) Address: Leonard, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-21-1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Hagers Grove Mo.
18. (a) Signature of funeral director: Keith Hudson
(b) Address: Edina, Missouri
19. (a) 3/22/43 (Date received by local registrar) (b) Mrs. L. Wagner (Registrar's signature)

1041 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18th year 1943 hour 9 minute 46 A.M.

21. I hereby certify that I attended the deceased from March 16, 1943, to March 18, 1943; that I last saw him alive on March 18, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: Gas gangrene — Duration 36 hrs
Due to: Massive laceration & maceration upper thigh — 44 hrs
Due to: accident tractor injury — same
Other conditions (Include pregnancy within 3 months of death): 14
Major findings:
Of operations: 170 C-
Of autopsy: 4.8 / 0

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): accident 102
(b) Date of occurrence: March 16 1943
(c) Where did injury occur? At home - farm Shelby Co. Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On farm - (road near home) (Specify type of place)
While at work? yes (e) Means of injury: tractor turned over & mashed leg.
23. Signature: George E. Grim (M. D. or other) MD
Address: Kirksville, Missouri Date signed 3-18-43

RECEIVED
District Health Officer No. 10
District File Number 4-43-735
Date Filed APR 13 1943

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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, Missouri

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.