

FILED APR 8 1943

State File No.
Registrar's No. 39 31

Registration District No. 275

Primary Registration District No. 3053

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
McFarland Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 22 Years
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps
(c) City or town Rolla
(If outside city or town limits, write "RURAL")
(d) Street No. 903 Main St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mrs. Mary Emma Ratliff

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

4. Sex Female / race Wh. 5. Color or race..... 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Prof. R.F. Ratliff 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased October 25, 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 4 21 hr. min.

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

10. Usual occupation Housewife

MOTHER FATHER
11. Industry or business.....
12. Name Joseph Vanvactor
13. Birthplace Harpers Ferry Va. (City, town, or county) (State or foreign country)
14. Maiden name Margaret Bockel
15. Birthplace Sherwing, Prussia (City, town, or county) (State or foreign country)

16. (a) Informant Prof. R. F. Ratliff
(b) Address 903 Main St., Rolla Mo.
17. (a) Burial Rolla (b) Date thereof Mar. 18, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Rolla Cemetery

18. (a) Signature of funeral director Null & Son Funeral Home
(b) Address 508 West 8th St., Rolla Mo.
19. (a) Mar. 18, 1943 (Date received local Registrar) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th
year 1943 hour 4 minute 50 a.m.

21. I hereby certify that I attended the deceased from March 3 1943 to March 16 1943
that I last saw her alive on March 16 1943
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Apoplexy
Due to.....
Due to.....

Other conditions Angina Pectoris
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN [Signature]
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?

23. Signature [Signature] (Specify type of plate) (M. D. or other)
Address Rolla Mo Date signed 3-19-43

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

1092

JAN 13 1948

MAY 7 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.....

S. L. Reed

Licensed Embalmer No.....

3394

P. O. Address.....

Reed 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.