

FILED APR 30 1943 79  
Registration District No. \_\_\_\_\_

Primary Registration District No. 5954

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

1. PLACE OF DEATH:

(a) County Pike

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

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

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

In this community Lifetime (Specify whether \_\_\_\_\_)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike

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

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

(e) If foreign born, how long in U. S. A? 90 years.

3. (a) PRINT FULLNAME ALFORD Ralston

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret Alice Ralston 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Sept. 9 1860  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>1</u>	<u>30</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business Farm

12. Name James Ralston

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

14. Maiden name Bliss Pearson

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

16. (a) Informant Milton Kinea

(b) Address Arada, Mo.

17. (a) Removal (b) Date thereof April 6 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill, Illinois

18. (a) Signature of funeral director Brown & Son

(b) Address Clarksville, Mo.

19. (a) April 7, 1943 (b) Flarence Roberto  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6  
year 1943 hour 10:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 6 or 7 years  
\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;

that I last saw h. \_\_\_\_\_ alive on April \_\_\_\_\_ 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Prostration  
@ pneumonia 2 years

Due to age

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

Other conditions. (Include pregnancy within 3 months of death) 91

Major findings: Of operations \_\_\_\_\_

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

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? \_\_\_\_\_

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

23. Signature S. L. Bankhead (M. D. or other) \_\_\_\_\_

Address Paysonville, Mo. Date signed 4/7/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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 J. B. Stone

Licensed Embalmer No. 4039

P. O. Address Louisiana, 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.**