

Filed DEC 17 1943
Registration District No. 278

Primary Registration District No. 3054

Registrar's No.

1. PLACE OF DEATH:

(a) County Louisiana

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

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

(d) Length of stay: In hospital or institution 15 days
50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike

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

(d) Street No. So. Caroline St. 219
(If rural, give location)

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

3. (a) PRINT FULL NAME Ida Mae Ragdale

3. (b) If veteran. name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11
year 1943 hour 9 minute 50 P M.

21. I hereby certify that I attended the deceased from Oct 20
1942, to Nov 11, 1943;
that I last saw her alive on Nov 11, 1943;
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Edward Ragdale deceased

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

7. Birth date of deceased Aug 9 1862
(Month) (Day) (Year)

Immediate cause of death Cardiovascular
renal insufficiency
Due to disease unknown

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>3</u>	<u>2</u>	<u>11</u> min.

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

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

Due to _____

10. Usual occupation Home

Major findings: Of operations _____

11. Industry or business Home

Of autopsy _____

12. Name Thomas Dequenz

13/a

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

14. Maiden name Mary Fuller

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

16. (a) Informant Mrs. Mattie Fisher

(b) Address Louisiana Mo

17. (a) Burial (b) Date thereof 11/14/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director J. H. H. H.

(b) Address Louisiana Mo

19. (a) 11/12/43 (b) J. H. H. H.
(Date received local registrar) (Registrar's signature)

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 J. H. H. H. (M.D. or other)

Address Louisiana Mo Date signed 11/12/43

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

43339

RECEIVED

District Health Officer No. 10

District File Number 12-43-1964

Date Filed ~~DEC 14 1949~~

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

George O. Wagner

Licensed Embalmer No.

3773

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.