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FILED MAR 15 1944

State File No. _____

Registration District No. 4

Primary Registration District No. 3008

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution:
204 E. Seventh
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 14

(c) City or town Fulton 1
(If outside city or town limits, write "RURAL") 2

(d) Street No. 204 E. Seventh
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME GEORGE PETER RATEKIN

3. (b) If veteran, name war No

3. (c) Social Security No. 493-01-1665

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Abbie Ferguson-Ratekin

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased: Jan. 16 1873
(Month) (Day) (Year)

8. AGE: Years 71 Months 0 Days 12
If less than one day _____ hr. _____ min.

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

10. Usual occupation Watchman

11. Industry or business Shoe Factory

12. Name John G. Ratekin

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

14. Maiden name Mary Eweing

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

16. (a) Informant Mrs. Lennie Miller

(b) Address Fulton, Missouri.

17. (a) Burial (b) Date thereof 2/10/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillcrest Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Fulton, Missouri.

19. (a) 2-10-1944 (b) Joace Mouskoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8th
year 1944 hour 5 minute 55 A.M.

21. I hereby certify that I attended the deceased from Feb. 7 1944 to Feb. 8 1944
that I last saw him alive on Feb. 7 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Block Immediate
Duration _____

Due to Cor. Myocardial degeneration
e. Auricular Fibrillation

Due to Arteriosclerosis.

Other conditions (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? _____

While at work _____ (Specify type of place) (c) means of injury 0

23. Signature [Signature] (M. D. or other) MD

Address Fulton, Mo. Date signed 2-9-44

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

RECEIVED
District Health Officer No. 9
District File Number _____
Date Filed 3-14-44

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. C. White* _____
Licensed Embalmer No. 4168
P. O. Address _____ *Fulton, Md.* _____

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.