

FILED FEB 28 1944

State File No. \_\_\_\_\_

Registration District No. 26

Primary Registration District No. 2001

Registrar's No. 78

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 512 Pearl /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 44 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 512 Pearl (If rural, give location)

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

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

3. (b) If veteran, name war No

3. (c) Social Security No. None

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

6. (b) Name of husband or wife Widowed 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 15, 1867  
(Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 20 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Newton Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

MOTHER { 12. Name Richard Kiddoo ?  
13. Birthplace no data no data  
(City, town, or county) (State or foreign country)  
14. Maiden name no data ?  
15. Birthplace no data no data  
(City, town, or county) (State or foreign country)

16. (a) Informant Son: Hugh Ratliff  
(b) Address Joplin, Mo.

17. (a) Burial (b) Date thereof 2/8/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F. Cemetery

18. (a) Signature of funeral director Wedge Helgony  
(b) Address Webb City, Missouri

19. (a) 2-8-44 (b) Antoine Sudhalter  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February Day 5,  
year 1944 hour 2:10 minute A. M.

21. I hereby certify that I attended the deceased from Jan 20, 1944, to Feb 4, 1944  
that I last saw h.c.e. alive on Feb 4, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death acute Myocarditis  
Due to Acute dilatation of the heart  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 930

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)  
(b) Means of injury 2

23. Signature Lydia S. Spangler (Physician or other) \_\_\_\_\_  
Address Joplin, Mo. Date signed 2/8/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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..... *E. W. Hedge*

Licensed Embalmer No..... *28509*

P. O. Address..... *St. Louis, 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.**