

FILED MAY 9 1944

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

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 121

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution: State Hospital No. 10  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9yr 4m 25d (Specify whether years, months or days)

In this community 9yr 4m 25d

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

(c) City or town Leighton 14  
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes, of No) 2

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Edward Ratliff

3. (b) If veteran, name war OK

(c) Social Security No. OK

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased Nov 23 1902  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

41 4 11 hr. min.

9. Birthplace Leighton Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Coal Miner

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

12. Name James Ratliff

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

14. Maiden name Lucille Hollingsworth

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

16. (a) Informant Record

(b) Address \_\_\_\_\_

17. (a) Removal (b) Date thereof 4-4-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leighton, Mo.

18. (a) Signature of funeral director Wallace Funeral Home

(b) Address Leighton, Mo.

19. (a) 4-4-1944 (b) Josie Mosekoff  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4 year 1944 hour 10-15 minute 9 M.

21. I hereby certify that I attended the deceased from 4-7-1944 to 4-7-1944  
that I last saw him alive on 4-4-1944 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Post Encephalitis

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 9321

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

Duration

PHYSICIAN

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)

(e) Means of injury 0

23. Signature George H. Rees (M.D. or other) M.D.

Address Leighton Mo. Date signed 4-7-44

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

14  
1  
2

JUL 18 1944

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-8-44.....

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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..... *E. E. White*

Licensed Embalmer No. 4168.....

P. O. Address..... *Fulton, 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:**