

S. No. 2  
M-8-43  
7-5-17-39  
PI X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

124857

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

FILED JUL 20 1944  
Registration District No. 176

Primary Registration District No. 3026

Registrar's No. 158

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:  
301 South Spring, Street  
(If not in hospital or institution, write street number or location)

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

In this community 70 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence 4  
(If outside city or town limits, write "RURAL") 4

(d) Street No. 301 South Spring  
(If rural, give location)

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

3. (a) PRINT FULL NAME ALBERT F. RATCLIFF

3. (b) If veteran, name war None

3. (c) Social Security No. 499-07-5506

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7th.  
year 1944 hour 2 minute 40 A.M.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mary E. Ratcliff

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased February 10 1870  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from not 1943 to June 2 1944  
that I last saw him alive on June 3 1944  
and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 3 Days 27  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Valvular Heart disease 3 yrs  
Due to arteriosclerosis chronic

9. Birthplace Farley Missouri 0  
(City, town, or county) (State or foreign country)

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

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

Major findings: Of operations 928

10. Usual occupation Retired Farmer

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

12. Name Jake Ratcliff

13. Birthplace Unknown Virginia 1  
(City, town, or county) (State or foreign country)

14. Maiden name Sara E. Keltner

15. Birthplace Unknown Kentucky 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary E. Ratcliff

(b) Address 301 So. Spring, Independence, Mo.

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? \_\_\_\_\_

17. (a) Burial 1 (b) Date thereof 6-12-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(Specify type of place) \_\_\_\_\_

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

(c) Place: burial or cremation Mound Grove Cem.

18. (a) Signature of funeral director George C. Carson

(b) Address Independence, Missouri

23. Signature J. H. [unclear] (M. D. or other) \_\_\_\_\_  
Address Independence, Mo. Date signed 6-10-44

19. (a) 6-10-1944 (b) James H. Ross  
(Date received local registrar) (Registrar's signature)

1163

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Hickson

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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..... *Floyd C. Carson*.....

Licensed Embalmer No. *4199*.....

P.O. Address *Independence*.....

**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.**