

S. No. 2  
M-5-42  
7. 5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27217

State File No. ....

FILED SEP 14 1944

Registration District No. 3

Primary Registration District No. 3006

Registrar's No. 203

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

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Ellie Frischel State Cancer Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
Specify whether  
In this community —  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion  
(c) City or town Philadelphia  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rt 1  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country —

3. (a) PRINT FULL NAME William Edgar Ragar

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, separated

6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased June 25 1867  
(Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 28 If less than one day = hr. = min.

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

10. Usual occupation Farmer

11. Industry or business —

12. Name James R Ragar

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

14. Maiden name Unknown

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

16. (a) Informant W. (William E. Ragar)

(b) Address Philadelphia, Mo. Rt 1

17. (a) Removal (b) Date thereof 8-23-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Palmer

18. (a) Signature of funeral director Palmer

(b) Address Columbia, Missouri

19. (a) 8-23-1944 (b) Edna H. Barber  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22  
year 1944 hour 12 minute 5 AM.

21. I hereby certify that I attended the deceased from August 21, 1944, to August 22, 1944; that I last saw him alive on August 22 and that death occurred on the date and hour stated above.

Immediate cause of death: possible pneumonia

Due to Carcinoma of rectum - advanced.

Due to H6D

Other conditions: (Include pregnancy within 3 months of death) None

Major findings: Of operations None  
Of autopsy None

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) Means of injury —

23. Signature Nathaniel D. Simey (M. D. or other) M.D.  
Address Mo. State Ca. Hospital Date signed 8/24

1250 (Licensed Embalmer's Statement on Reverse Side) Columbia

RECEIVED  
District Health Officer No. 9,  
District File Number.....  
Date Filed 9-13-44

**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.....

Licensed Embalmer No. 4132

P. O. Address Columbus, Ga.

**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.**