

S. No. 2
1-8-43
5-17-39
PI X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4277

State File No. _____

Registrar's No. 86

FILED Dist. No. 38701946

Primary Registration District No. 4499

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
100900

1. PLACE OF DEATH:
(a) County Shelby
(b) City or town Shelbina Mo
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 18 years years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Shelby 102
(c) City or town Shelbina 2
(If outside city or town limits, write "RURAL")
(d) Street No. South Center 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thomas Meldon Ragsdale
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 10 day 25
year 1945 hour 9 minute P. M.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Artie Ragsdale 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased: Sept 27 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 8-1-45 19 to 10-10-45 19;
that I last saw him alive on 10-10-45 19;
and that death occurred on the date and hour stated above.
Immediate cause of death: died Suddenly Duration
Asphyxial Coronary
thrombosis.

8. AGE: Years 82 Months 0 Days 28
If less than one day hr. _____ min. _____

Due to _____
Due to _____

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

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

MOTHER FATHER
11. Industry or business _____
12. Name Thomas Meldon Ragsdale
13. Birthplace Mo
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Smith
15. Birthplace Mo
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Paland Harley
(b) Address Shelbina Missouri

17. (a) Burial (b) Date thereof 10-28-45
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

18. (a) Signature of funeral director E. H. Ayer
(b) Address Shelbina Mo

(Specify type of place)
While at work? _____ (c) Means of injury _____

19. (a) 12-29-45 (b) Ruth Jagers
(Date received local registrar) (Registrar's signature)

23. Signature A. M. Hood (M. D. or other) _____
Address Shelbina Mo Date signed 11-5-45

301

RECEIVED

District Health Officer No. 10

District File Number 1-46-232

Date Filed JAN 28 1946

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.....

Hayer

Licensed Embalmer No. 1437

P. O. Address.....

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.