

S. No. 2
M-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20463

State File No. _____

Registrar's No. **2503**

FILED JUN 20 1946

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Pullman Yards 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____

In this community non resident (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte

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

(d) Street No. 1903 N. 8th Street
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Esther Ragsdale

(b) If veteran, name war no

(c) Social Security No. 514-09-7692

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st year 1946 hour 4 minute P. M.

4. Sex Female 5. Color or race Negro

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

6. (b) Name of husband or wife James Ragsdale 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased: April 16 1911
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____ that I last saw him/her alive on _____ 19____ and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

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

35 1 15 15 hr. min.

Duration _____

Due to Hypertensive Heart Disease

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

10. Usual occupation Coach Cleaner

11. Industry or business Pullman Co.

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

Major findings: Of operations 93 d

Of autopsy No - Permit

MOTHER FATHER

12. Name Henry Green

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

14. Maiden name Lena Houston

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant James Ragsdale

(b) Address 1903 N. 8th St. K.C.K.

17. (a) Removal (b) Date thereof 6-6-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Muskogee, Oklahoma

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 Nathan W. Satcher

(b) Address 1520 N. 5th Street

19. (a) 6-6-46 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

23. Signature W. Williams (M. D. or other) _____

Address 2636 - Brook Park Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

1935
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

6-4-46

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. Sterling Bell

Licensed Embalmer No.....

3178

P. O. Address.....

K.C. 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.