

No. 2  
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5-17-39  
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**FILED** AUG 9 1946  
Registration District No. **318**

Primary Registration District No. **1003**

State File No. \_\_\_\_\_  
Registrar's No. **6655**

**1. PLACE OF DEATH:**

(a) County.....

(b) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**Masonic Home of Missouri 5**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **17 1/2 years**  
(Specify whether

In this community..... **same**  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

**Missouri**

(a) State..... (b) County.....

(c) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL")

(d) Street No..... **5351 Delmar Blvd.**  
(If rural, give location)

(e) Citizen of foreign country?..... **No**..... (Yes or No)  
If yes, name country.....

**3. (a) PRINT FULL NAME** **Paul J. Ragland**

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

**4. Sex** **male** **0** **5. Color or race** **white** **0** **6. (a) Single, widowed, married, divorced, single**

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

**7. Birth date of deceased** **March 25, 1865**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
81	4	4	.....hr. ....min.

**9. Birthplace** **Madison, Missouri**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Retired**

**11. Industry or business**.....

**12. Name** **Richard M. Ragland**

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

**14. Maiden name** **Juriah Groves**

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

**16. (a) Informant** **Clara Rothe**

**(b) Address** **5351 Delmar Blvd.**

**17. (a) burial** **(b) Date thereof** **7-31-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Duncansbridge, Mo**

**18. (a) Signature of funeral director** **Alexander Sons**

**(b) Address** **6175 Delmar**

**19. (a) JUL 30 1946** **J. F. Bredeck**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **July** day **29th**, year **1946** hour **5:50** minute **A.** M.

**21. I hereby certify that I attended the deceased from** **June 16th**, 19 **46** to **July 29th**, 19 **46**  
that I last saw him alive on **July 28th**, 19 **46**  
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to **Bronchial-Asthma**..... **3yrs.**

Due to **Chronic-Myocarditis**..... **1yr.**

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

Major findings:  
.. Of operations.....

Of autopsy.....

**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.....

**23. Signature** **Delmar Cannon** (M. D. or other)  
Address **508 N. Grand Blvd.** Date signed.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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 jos. E Mc Culloch  
Licensed Embalmer No. 2460  
P. O. Address 6120 Pelma

**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.**