S. No. 2
M—8-43
5-17-39
X37823

31500

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32671

FILED OCT 17 1946

Registration District No. 27 Primary Registration District No. 3805 Registrar's No. 86

1. PLACE OF DEATH:

(a) County Bates.

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

(c) Name of hospital or institution:
Butler Memorial Hospital. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days. (Specify whether
In this community 5 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Cass. 14

(c) City or town Drexel. 0
(If outside city or town limits, write "RURAL")

(d) Street No. No street numbers. 0
(If rural, give location)

(e) Citizen of foreign country? Does Not apply. (Yes or No) 1

If yes, name country Does not apply.

3. (a) PRINT FULL NAME ERNEST R. RATLIFF.

3. (b) If veteran, name war None.

3. (c) Social Security No. 511-01-7799

4. Sex Male. 0

5. Color or race White.

6. (a) Single, widowed, married, divorced Widowed. 2

6. (b) Name of husband or wife Rosa G. Ratliff.

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

7. Birth date of deceased December, 5, 1877.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	10	3	hr. min.

9. Birthplace Tonganoxie, Kansas. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Carpenter.

11. Industry or business General Building.

FATHER
12. Name Archie Ratliff.
13. Birthplace Kansas. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dellie Gatz.
15. Birthplace Penn. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. M. E. Bullock.
(b) Address Drexel, Missouri.

17. (a) Removal. (b) Date thereof 10/10/1946.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lawrence, Kansas.

18. (a) Signature of funeral director [signature]
(b) Address Drexel, Missouri.

19. (a) 10/9/1946. (b) [signature]
(Date received local registrar) (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8th.
year 1946. hour 3 minute 20 P.M.

21. I hereby certify that I attended the deceased from Sept., 29th, 1946, to Oct., 8, 1946;
that I last saw him alive on 1946;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death myocarditis	
Due to protracted pneumonia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature E. E. Robinson (M. D. or ~~[illegible]~~)
Address Adrian, Missouri. Date signed 10/9/1946.

(Licensed Embalmer's Statement on Reverse Side)

FEB 6 1947

RE

D... ...cer No. 7,

... 9-46-1046

Date Filed 10-15-46

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, ~~xxx~~ personally

~~xxxxxxxxxxxxxxxxxxxx~~,

~~working under xxxxxxxxxxxxxxxxxxxx~~

Signed [signature]

Licensed Embalmer No. 1950

P. O. Address Drexel, Missouri.

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.