

FILED JAN 13 1947

Registration District No. **199**

Primary Registration District No. **1002**

Registrar's No. **5507**

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:
13 West 44th. Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community **5 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **MISS OLLIE M. RAGLAND**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **487-01-3991**

4. Sex **Female** 5. Color or race **White** 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 **Jan. 25, 1899**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	47	11	5	hr. _____ min.

9: Birthplace **Gentry, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Bookkeeper**

11. Industry or business **Bacher-Cunningham**

MOTHER { 12. Name **Wilson Oliver**

13. Birthplace **Don't Know**
(City, town, or county) (State or foreign country)

14. Maiden name **Anna R. Darby**

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

16. (a) Informant **Mrs. E. G. Gideon**

(b) Address **North Kansas City, Mo.**

17. (a) **Removal** (b) Date thereof **12-31-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Albany, Missouri**

18. (a) Signature of funeral director **Freeman Mortuary & Chapel**

(b) Address **104 West 42nd, Street, Kansas City**

19. (a) **12-31-46** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**
(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL")
(d) Street No. **13 West 44th. Street** **8**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No) **0**
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **30th.**
year **1946** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the _____ date and hour stated above.

Immediate cause of death **Deathly Coronar** Duration _____

Hanging

Due to _____

Due to _____

Other conditions **1040**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy **History of Inspection**

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) **Suicide**

(b) Date of occurrence **12/30/46**

(c) Where did injury occur? **Kansas City Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? **No** (Specify type of place) **Hanging**

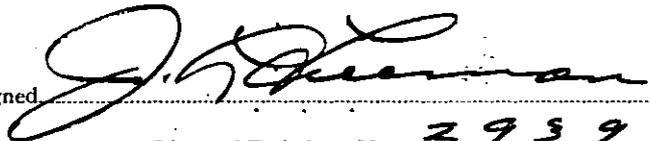
(e) Means of injury **Hanging**

Signature **A.E. Upsher** (M. D. or other) **MO**

Address **28501 Main** Date signed **1/31/47**

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. 2939
P. O. Address F. O. 54

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.