

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 28 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9670

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution:
724 Wall St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 48 years
In this community 48 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(d) Street No. 724 Wall St
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elgie Mary Ralston
3. (b) If veteran, name war. 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 7th
year 1947 hour 5 minute 35 a. M.
21. I hereby certify that I attended the deceased from 1937
19 to 3-7-47
that I last saw her alive on 3-6-37
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years
7. Birth date of deceased July 4 1862
(Month) (Day) (Year)

Immediate cause of death Pyelitis and terminal pneumonia
Duration 2 wks

8. AGE: Years Months Days If less than one day
84 7 3 hr. min.

Due to Chronic nephritis
Due to
Other conditions (Include pregnancy within 3 months of death)

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

Major findings: Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation
11. Industry or business Housewife

12. Name Benjamin F. Slane
13. Birthplace Illinois
14. Maiden name Sarah Henry
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs G.L. Babson
(b) Address Syracuse New York

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

17. (a) Burial (b) Date thereof Mar 10-47
(c) Place: burial or cremation Fairview Cemetery
Thornhill-Dillon

18. (a) Signature of funeral director Joplin, Missouri.
(b) Address
19. (a) 3-7-47 (b) C. D. Jones
(Date received local registrar) (Registrar's signature)

23. Signature Mary L. Mark M.D. (M. D. or other)
Address Joplin, Mo. Date signed 3-7-47

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

138 (Licensed Embalmer's Statement on Reverse Side)

47-3-211

DEC 29 1947

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..... *David Dillon*.....
Licensed Embalmer No. *3898*.....
P. O. Address..... *Joplin 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.