

S. No. 2
DM-5-43
v. 5-17-39
I X36671

25019

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 17 1947

State File No. _____
Registrar's No. 41

Registration District No. 275 Primary Registration District No. 3053

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

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town Rolla
(c) Name of hospital or institution: 903 Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 27 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Phelps
(c) City or town Rolla
(If outside city or town limits, write "RURAL")
(d) Street No. 903 Main St.,
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME RYLAND FLETCHER RATLIFF
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION 28
20. DATE OF DEATH: Month June 28 1947
year 12 hour 05 minute PM M.

4. Sex Male 0
5. Color or race Wh.
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Mary Emma Ratliff
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 6, 1858
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6-22 1947 to 6-27 1947 that I last saw him alive on 6-26 1947 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
89 5 21 hr. min.

Immediate cause of death: Coronary Thrombosis
Due to: Anterior Ischemic Heart Disease Class IV
Duration: Unknown (3 hours?)
Unknown

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

Other conditions: Severe emphysema
(Include pregnancy within 3 months of death)

10. Usual occupation Professor, Physics Dep't

11. Industry or business Missouri School of Mines

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

MOTHER FATHER

12. Name Cornelius S. Ratliff,
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Susan Jay
(City, town, or county) (State or foreign country)
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eugene Weakley

(b) Address 903 Main St., Rolla Mo.,

17. (a) Burial (b) Date thereof June 30, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rolla Cemetery

18. (a) Signature of funeral director Null & Sons B. H.
(b) Address 508 West 8th St., Rolla Mo.

19. (a) 2-9-47 (b) Nadine L. Stoll
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

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 Guy V. Eulmiat (M. D. or other) _____
Address Rolla, Mo Date signed 28 June

JAN 1948

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.....

Paul E. Muel

Registered Apprentice No. 428

working under my personal supervision.

Signed.....

S. E. Muel

Licensed Embalmer No.

3397

P. O. Address.....

Rolla, 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.