S. No. 2
4—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 11 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5437

Registration District No. 200 Primary Registration District No. 5725 Registrar's No. 287

1. PLACE OF DEATH:
(a) County Macon
(b) City or town Macon Hudson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Two Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Macon 61
(c) City or town Elmer 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Hubbard H. Ratliff
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife Ola Ratliff
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased July (Month) 31 (Day) 1871 (Year)

8. AGE: Years 76 Months 6 Days 13 If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Farming
11. Industry or business

FATHER
12. Name Thomas Ratliff
13. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Carolin Abbott
15. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Ola Ratliff
(b) Address Elmer Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 15 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Helton
18. (a) Signature of funeral director W. H. McCollum
(b) Address South Gifford Mo
19. (a) 3/1/48 (Date received local registrar) (b) Ruth McNeely (Registrar's signature) 185

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13 year 1948 hour 12 Noon minute M.

21. I hereby certify that I attended the deceased from 2-11-48, 1948 to 2-13, 1948, that I last saw him alive on 2-13-, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis with decompensation	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93 D

PHYSICIAN
Underline the cause of 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 Howard Miller (M. D. or other)
Address Macon Date signed 2/13/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
District File Number 3-48-488
Date Filed MAR 10 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 ..... Registered Apprentice No. ..... working under my personal supervision.

Signed W. H. McCollum

Licensed Embalmer No. 2052

P. O. Address South Gifford 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.