

National Office of Vital Statistics
FILED MAR 24 1948

Registration District No. **300**

Primary Registration District No. **6029**

Registrar's No.

1. PLACE OF DEATH:

(a) County... **Reynolds**
 (b) City or town... **Rural**
 (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.....
 In this community... **Life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... **Mo.** (b) County... **Reynolds**
 (c) City or town... **Rural**
 (If outside city or town limits, write "RURAL")
 (d) Street No.....
 (If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country.....

3. (a) PRINT

FULL NAME... **Waylen Ratliff**
 (b) If veteran, name war..... (c) Social Security No.

4. Sex... **M** 5. Color or race... **W**
 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... **Oct 6 1933**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
14 4 7 ..br.min.

9. Birthplace... **Reynolds Co. MO.**
 (City, town, or county) (State or foreign country)

10. Usual occupation... **School Boy**

11. Industry or business.....

12. Name... **Harvey Ratliff**

13. Birthplace... **Ellington Mo.**
 (City, town, or county) (State or foreign country)

14. Maiden name... **Black**

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

16. (a) Informant... **Harvey Ratliff**

(b) Address... **Ellington, Mo.**

17. (a) **Burial** (b) Date thereof... **2-15-48**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... **Dry Valley**

18. (a) Signature of funeral director... **Phil A. Leuckel**

(b) Address... **Van Buren Mo.**

19. (a) **3-1 1948** (b) **Essie Evans**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... **Feb** day **13**
 year... **1948** hour... **7** minute... **30P** M.

21. I hereby certify that I attended the deceased from...
February 1 1948, to... **February 12 1948**
 that I last saw him alive on... **February 12 1948**
 and that death occurred on the date and hour stated above.

Immediate cause of death... **Pneumonia**

Due to... **Asthma**

Due to.....

Other conditions...
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations.....

Of autopsy.....

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... **O**

23. Signature... **JR. Smith M.D.** (M. D. or other) **O**

Address... **Pinetown** Date signed... **2/20/48**

Duration

PHYSICIAN

SUPPLEMENTARY INFORMATION REQUIRED

Underline the cause of death which should be reported statistically.

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

RECEIVED

District Health Officer No. 5,

District File Number 348201

Date Filed 3-20-48

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, ~~on~~ 2-13-48

....., Registered Apprentice No.
working under my personal supervision.

Signed Phil A. Leuchel

Licensed Embalmer No. 2936

P. O. Address Van Buren 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. April

Registration District No. 300

Primary Registration District No. 6029

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Reynolds

(b) City or town Rural
(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 _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Waylen Raliff

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

4. Sex M

5. Color W race _____

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Oct 6 1910
(Month) (Day) (Year)

LOBAR PNEUMONIA.

Due to _____

Due to _____

Other conditions 108
(Include pregnancy within 3 months of death)

8. AGE: Years 1K Months 4 Days _____
(If less than one day, in min.)

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations _____

Of autopsy _____

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(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 _____

(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? _____

While at work? _____
(Specify type of place)

(e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

S-9848