S. No. 2
M—1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12280

FILED APR 19 1948

Registration District No. 32 — Primary Registration District No. 3021 — Registrar's No.

1. PLACE OF DEATH
(a) County: GRUNDY
(b) City or town: TRENTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wright Hosp O.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 DAYS (Specify whether years, months or days)
In this community 44 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: GRUNDY 40
(c) City or town: RURAL (TRENTON TWP) 0
(If outside city or town limits, write "RURAL")
(d) Street No. R-7 Box #1, TRENTON MO 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: William Edgar 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: WIDOWED
6. (b) Name of husband or wife: LORA F RATLIFF
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased: Nov (Month) 20 (Day) 1862 (Year)

8. AGE: Years 85 | Months 2 | Days 10 | If less than one day — hr. — min.

9. Birthplace: WAYNE Co. (City, town, or county) IOWA (State or foreign country)
10. Usual occupation: FARMER (RETIRED)
11. Industry or business: FARM
FATHER
12. Name: MARCELLUS RATLIFF
13. Birthplace: VINKNOWN (City, town, or county) VIRGINIA (State or foreign country)
MOTHER
14. Maiden name: SARAH BROWN
15. Birthplace: VINKNOWN (City, town, or county) VIRGINIA (State or foreign country)
16. (a) Informant: Mrs. Rolla McCollom
(b) Address: TRENTON, MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB 1, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation K of P - TRENTON, MO
18. (a) Signature of funeral director: Rayne A Davis
(b) Address: Trenton, Mo.
19. (a) Jan 31, 1948 (Date received by local registrar) (b) Irene Fair (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 30 year 1948 hour 10:10 minute P M.
21. I hereby certify that I attended the deceased from Jan 29, 1948, to Jan 30, 1948, that I last saw him alive on Jan 30, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Interstitial Nephritis — Duration 2 yrs
Due to: Chronic myocarditis — 2 yrs
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations: N
Of autopsy:

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: E. A. Duffy (M. D. ~~or other~~)
Address: Trenton Mo Date signed Jan 31 1948

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

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

APR 19 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 Walter E. Moyer Registered Apprentice No. working under my personal supervision.

Signed Rayne A Dennis

Licensed Embalmer No. 3424

P. O. Address Trenton, 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.