FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 29 1948
Registration District No. 316

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

20607

State File No.

Primary Registration District No. 6075

Registrar's No. 204

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

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Hospital No. 4 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 yrs. 1 mo. 26 das. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Perry 79
(c) City or town Perryville 1
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME GEORGE E. RATCLIFF (RATLIFFE)
3. (b) If veteran, name war Unknown
3. (c) Social Security No. Unknown
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced 3
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 1, (Day) 1865 (Year)

8. AGE: Years 83 Months 5 Days 13 If less than one day hr. min.

9. Birthplace Alton, (City, town, or county) Illinois (State or foreign country) 1
10. Usual occupation Farming
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9
16. (a) Informant Records, State Hospital No. 4
(b) Address Farmington, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation Christian Cem., Fredericktown, Mo.
18. (a) Signature of funeral director Webb Adamson Und. Co.
(b) Address Fredericktown, Missouri
19. (a) 6-24-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature) 289

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14 year 1948 hour 10 minute 15 P. M.

21. I hereby certify that I attended the deceased from June 12, 1948, 19 to June 14, 1948, 19; that I last saw him alive on June 14, 1948, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Cerebral Arteriosclerosis	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No 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

23. Signature [signature] (M. D. or other)
Address State Hosp. #4, Farmington, Mo. Date signed 6/21/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 648-83

Date Filed 6-28-48

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, or by.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed L. Vaughan Adamson

Licensed Embalmer No. X 317

P. O. Address Fredericktown, 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.