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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 27 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 28954
Registrar's No. 983

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Meth. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 week (Specify whether years, months or days)
In this community: 1 week

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

3. (a) PRINT FULL NAME: William D. Ralph
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Etta Ralph
6. (c) Age of husband or wife if alive: 60 years
7. Birth date of deceased: October (Month) 1 (Day) 1887 (Year)
8. AGE: Years 60 Months 11 Days 13 If less than one day ___ hr. ___ min.
9. Birthplace: Gentry County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: Merchant
FATHER
12. Name: Robert H. Ralph
13. Birthplace: Unknown (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name: Ella Clevenger
15. Birthplace: Unknown (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Mrs. Wm. D. Ralph
(b) Address: Lone Star, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 9/14/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Albany, Missouri
18. (a) Signature of funeral director: Heaton-Bowman
(b) Address: St. Joseph, Mo.
19. (a) 9-20-48 (Date received local registrar) (b) E. B. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September day 14 year 1948 hour 1 minute 55 P. M.
21. I hereby certify that I attended the deceased from Sept 5, 1948, to Sept. 14, 1948 that I last saw him alive on Sept 14, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Typhoid fever	14 days
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
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:
23. Signature: H. S. Sorrod (M. D. ~~or other~~)
Address: St Joseph Mo Date signed 9-15-48

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

OCT 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.....

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

working under my personal supervision.

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th, St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.