S. No. 2
d—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 6 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33362

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 117

1. PLACE OF DEATH:
(a) County: Johnson
(b) City or town: WARRENSBURG (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) 522 N Main
(d) Length of stay: In hospital or institution: none (Specify whether years, months or days) In this community: 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Johnson
(c) City or town: Warrensburg (If outside city or town limits, write "RURAL")
(d) Street No.: 522 N Main (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: no

3. (a) PRINT FULL NAME: BESSIE RALPH
3. (b) If veteran, name war:
3. (c) Social Security No.: 493-26-3417
4. Sex: female
5. Color or race: negro
6. (a) Single, widowed, married, divorced: divorced
6. (b) Name of husband or wife: Caleb Ralph
6. (c) Age of husband or wife if alive: unknown years
7. Birth date of deceased: March (Month) 5 (Day) 1897 (Year)

8. AGE: Years 51 Months 7 Days 22 If less than one day hr. min.

9. Birthplace: Lafayette County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: cook
11. Industry or business:
12. Name (Father): Bem Stevens
13. Birthplace: Lafayette (City, town, or county) Missouri (State or foreign country)
14. Maiden name (Mother): Jane Henderson
15. Birthplace: Lafayette (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Jess W Stevens
(b) Address: Topeka Kansas
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-30-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Olive Cemetery
18. (a) Signature of funeral director: F. L. Shaberg
(b) Address: Warrensburg, Mo.
19. (a) Oct. 27, 1948 (Date received local registrar) (b) Samuel Quetzfield (Registrar's signature) 117

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 27 day year 1948 hour 1 AM minute M.

21. I hereby certify that I attended the deceased from Sept 27, 1948 to Oct 27, 1948 that I last saw him alive on Oct 27, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Left Cerebral Hemorrhage	[illegible]
Due to: Hypertensive Cardiovascular Disease	[illegible]
Due to:	[illegible]
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy: 9 yrs

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: [illegible] M.D. (M. D. or other)
Address: Warrensburg Mo Date signed Oct 27 1948

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

0.

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 Francis Lee Schaberg

Licensed Embalmer No. 4513

P. O. Address Warrensburg 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.