No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 8 1948

Registration District No. 209

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33530

Primary Registration District No. 3043

Registrar's No. 343

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

1. PLACE OF DEATH:
(a) County Marion County
(b) City or town Hannibal, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Elizabeth
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 Days (Specify whether
In this community Entire Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Shelby 102
(c) City or town Clarence, Missouri
(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 None

3. (a) PRINT FULL NAME Catherine Ratliff
3. (b) If veteran, name war X
3. (c) Social Security No. X

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Deceased
6. (c) Age of husband or wife if alive Same years
7. Birth date of deceased May (Month) 17 (Day) 1874 (Year)

8. AGE: Years 74 Months 5 Days 3 If less than one day hr. min.

9. Birthplace Lentner, Missouri (City, town, or county) Rural (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Same
FATHER
12. Name James Riley
13. Birthplace ~~Ireland~~ (City, town, or county) Ireland (State or foreign country)
MOTHER
14. Maiden name Mary Butler
15. Birthplace (City, town, or county) Ireland (State or foreign country)
16. (a) Informant Glen Ratliff
(b) Address Clarence, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation Clarence, Missouri
18. (a) Signature of funeral director Million & Barkelew
(b) Address Clarence, Missouri
19. (a) 10-30-48 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20 year 1948 hour 4: minute 30 A.M.

21. I hereby certify that I attended the deceased from 10-5, 1948 to 10-20, 1948 that I last saw her alive on 10-19, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Colon

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 no
(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. (M. D. or other)
Address [signature] Date signed 10-28-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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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 James D. Davis

Licensed Embalmer No. 4448

P. O. Address Shelbina, Missouri

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.