

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH

29145

State File No. _____

Registration District No. 579

Primary Registration District No. 112 4/11

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Monroe
 (b) City or town Madison
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: XX
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution XX
a life time (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State 0 Missouri (b) County County
 (c) City or town Madison
(If outside city or town limits, write "RURAL")
 (d) Street No. XX (If rural, give location)
 (e) If foreign born, how long in U. S. A? XX years.

3. (a) PRINT FULL NAME Dicie Ann Ragland 215
 3. (b) If veteran, name war XX
 3. (c) Social Security No. XX

MEDICAL CERTIFICATION
 20. DATE OF DEATH, Month Aug, day 18, year 1940 hour 11 minute 30 a M.

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced widow
 6. (b) Name of husband or wife Tom B. Ragland
 6. (c) Age of husband or wife if alive deceased years
 7. Birth date of deceased Jan. 1, 1850
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 17, 1940 to Aug 17, 1940, that I last saw her alive on Aug. 17 and that death occurred on the date and hour stated above.
 Immediate cause of death Chronic myocarditis
 Duration _____

8. AGE: Years 90 Months 7 Days 12 If less than one day
 hr. _____ min. _____

Due to _____
 Due to 46

9. Birthplace Madison, Mo XX
(City, town, or county) (State or foreign country)

Other conditions Coronary previously
(Include pregnancy within 3 months of death)

10. Usual occupation XX
housewife

Major findings: A blood of pancreas
 Of operations _____

MOTHER FATHER
 11. Industry or business _____
 12. Name Wm. Swindell
 13. Birthplace don't know 9
(City, town, or county) (State or foreign country)
 14. Maiden name Ma. E. Ford
 15. Birthplace don't know 9
(City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Roy Ragland
 (b) Address 516 W. Pratt, Desoto, Mo

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

17. (a) Burial (b) Date thereof 8 30 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Swindell Cemetery

(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? 512
(Specify type of place)
 While at work? _____ (a) Means of injury _____

18. (a) Signature of funeral director Y. M. Thompson
 (b) Address Madison, Mo

23. Signature Robert H. ... (M.D. or other) _____
 Address Central Mo Date signed 8/18/40

19. (a) Aug 18, 1940 (Date received local registrar)
 (b) _____ (Registrar's signature)

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.....

Mrs. Ruth Thompson

Licensed Embalmer No.....

3282

P. O. Address.....

Madison, Wis.

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, above space should be left blank.