S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40936

FILED JAN 9 1946

Registration District No. 13 Primary Registration District No. 3014 Registrar's No. 126.

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Liberty
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: His Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
In this community Most of his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay 24
(c) City or town Liberty 2.
(If outside city or town limits, write "RURAL")
(d) Street No. 2 - Main St. 1
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Woodson Ragan
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Amanda
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Apr (Month) — (Day) 1876 (Year)

8. AGE: Years 69 | Months 8 | Days 3 | If less than one day — hr. — min.

9. Birthplace Liberty (City, town, or county) Mo (State or foreign country)
10. Usual occupation Laborer - Coal -
11. Industry or business —
FATHER 12. Name John Ragan
13. Birthplace Virginia (State or foreign country)
MOTHER 14. Maiden name Jane Darnell
15. Birthplace — (City, town, or county) Ky (State or foreign country)
16. (a) Informant Rollie Allen
(b) Address Liberty Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 7-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Liberty, Mo
18. (a) Signature of funeral director Church-Gaither Co
(b) Address Liberty, Mo
19. (a) Dec. 7, 1945 (Date received local registrar) (b) Minnie Haynes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5
year 1945 hour 7 minute 15 A.M.
21. I hereby certify that I attended the deceased from Nov 13-45, 19—, to Dec 6, 19 45
that I last saw him alive on Dec 5, 19 45;
and that death occurred on the date and hour stated above.

Cause of death	Duration
Immediate cause of death Acute dilation of the heart	
Due to Myocardial degeneration	
Due to —	
Other conditions (Include pregnancy within 3 months of death) Some Kidney + bladder disturbance	

Major findings:
Of operations —
Of autopsy 95 3

PHYSICIAN

Underline the cause to 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 Adrian Elder M.D. (M. D. or other)
Address Liberty, Mo Date signed 12-6-45

1412 (Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 8,

District File Number _____

Date Filed _____ 1-8-46

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 Edgar Crocker.

Licensed Embalmer No. 3311

P. O. Address Liberty, 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.