U. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1944

Registration District No. 2184

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3056

43487

State File No. 43488

Registrar's No. 271

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 419 E. Burkhart
(If rural, give location)
(e) Citizen of foreign country?.....(Yes or No) No
If yes, name country.....

3. (a) PRINT FULL NAME Nancy Jane Jennings
3. (b) If veteran, name war.....
3. (c) Social Security No.....

4. Sex Female | 5. Color or race White | 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive.....years

7. Birth date of deceased Feb (Month) 14th (Day) 1847 (Year)

8. AGE: Years 96 | Months 10 | Days 17 | If less than one day ....hr. ....min.

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

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Charles Ragsdale
13. Birthplace (City, town, or county) Ky (State or foreign country)

MOTHER
14. Maiden name Cassandra Crisler
15. Birthplace (City, town, or county) Ky (State or foreign country)

16. (a) Informant Mrs Bulah Edwards
(b) Address Moberly Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2nd 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Mahan and Son.
(b) Address Moberly Mo

19. (a) 1-2-44 (Date received local registrar) (b) Irma Mahan (Registrar's signature)

1056

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31st
year 1943 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 3 1943 to Dec 31 1943; that I last saw her alive on Dec 29 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis — Duration wks,
Due to.....
Due to.....
Other conditions "old age" (Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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) No
(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 L E Fuller MD (M. D. or other)
Address Moberly Mo Date signed 1-22-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-44-56
Date Filed JAN 10 1944

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 Frank D. Witt

Licensed Embalmer No. 392

P. O. Address Mobeetie, Tex.

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.