

No. 2
12-45
-17-39
X47070

FILED OCT 14 1947

Registration District No. 316

Primary Registration District No. 3061

Registrar's No. 337

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Flat River, Mo.
(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)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Flat River Mo
(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 _____

3. (a) PRINT FULL NAME Wm. A. Ragsdale

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex ma 5. Color or race w.

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife May Ragsdale

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Feb 13 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>7</u>	<u>7</u>	hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business Retired

12. Name Anthony Ragsdale

13. Birthplace England
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Walker
(City, town, or county) (State or foreign country)

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant P. S. Ragsdale

(b) Address Flat River Mo

17. (a) Burial (b) Date thereof 9-22-47
(Burial, entombment, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation St. Francois Memorial Park

18. (a) Signature of funeral director Baldwell Bros

(b) Address Flat River Mo.

19. (a) 10-4-47 (b) Ether Rudloff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 20th day Sept
year 1947 hour 6 minute - A. M.

21. I hereby certify that I attended the deceased from Aug 20
_____ 1947 to Sept 18 1947
that I last saw him alive on Sept 18 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis

Duration unknown

Due to _____

Due to _____

Other conditions: _____
(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) _____

(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? _____

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

23. Signature J. C. Foster (M. D. or other)

Address Desloy, Mo. Date signed Sept 22 1947

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

RECEIVED

District Health Officer No. 4

District File Number 1047-130

Date Filed 10-13-42

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 W.A. Caldwell

Licensed Embalmer No. 3317

P. O. Address Flat River

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.