

REC'D FEB 25 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3434

Do not use this space.

1. PLACE OF DEATH

(a) County Pettis
(b) Township
(c) City Sedalia
(e) Length of residence in city or town where death occurred 32 yrs. mos. ds.

Registration District No. 668
Primary Registration District No. 3032
(d) Street No. 913 E. 15th St.

Registered No. 38

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Tepka Hinken Ratje

(a) Residence, No. 913 E. 15th St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Henry Ratje

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 17, 1858

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
81 0 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stover, Missouri

FATHER 13. NAME George Hinken
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hanover Germany

MOTHER 15. MAIDEN NAME Catherine Possle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hanover, Germany

17. INFORMANT Geo. J. Ratje
(ADDRESS) Sedalia, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Creek DATE February 1, 1939

19. FUNERAL DIRECTOR (NAME) Gillespie Funeral Home
(ADDRESS) Sedalia, Missouri

20. FILED Jan 31, 1939 Mrs Harry Smeal Local Registrar (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 31, 193922. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1939 to Jan. 31, 1939

I last saw him alive on Jan. 6, 1939. Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic suppurative

Date of onset

24th Dec1938

Other contributory causes of importance:

Chronic interstitial nephritis

Date of onset

1st Dec1938Name of operation none Date of 1/31/39What test confirmed diagnosis? Cholera Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. Smeal, M. D.(Address) Sedalia, Mo.

Every member of the profession 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.

RECEIVED
District Health Officer No. 8,
District File Number
Date filed 12/2/39

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,

L. E. Boulton

, or by

Registered Apprentice No., working under my personal supervision.

Signed

L. E. Boulton

Licensed Embalmer No. *3867*

P. O. Address *Indianapolis, 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, above space should be left blank.