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.

REC'D MAR 13 1939

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

5896
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan
(b) Township
(c) City St. Joseph
(d) Street No. St. Joseph's Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 85
Primary Registration District No. 1001
Registered No. 105

234

2. PRINT FULL NAME Goldie Ragsdale
(a) Residence, No. 5540 So. 2nd St. 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: T. Cyrus Ragsdale

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 16, 1895

7. AGE: YEARS 43 | MONTHS 7 | DAYS 15 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
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): Barton Co. Missouri 6

FATHER
13. NAME: Dick Howard 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown 9

MOTHER
15. MAIDEN NAME: Martha Westbey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): T. Cyrus Ragsdale 5540 S. 2nd St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cem. DATE Feb. 3, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Fred D. Clark Mortuary 5025 King Hill Ave. St. Joseph, Mo.

20. FILED Feb 2, 1939 H. J. Westlebush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 1, 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1938, to Feb 1, 1939
I last saw her alive on Jan 31, 1939. Death is said to have occurred on the date stated above, at 12:20a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis } Chronic Endocarditis }	Dont know
92	

Other contributory causes of importance:
Pneumonitis bilateral 12-8-38

Name of operation None Date of
What test confirmed diagnosis? Ex. X-Ray & Lab Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 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? No
If so, specify
(Signed) E. M. Elmores, M. D.
(Address) 317 Kirkpatrick Bldg. St. Joseph Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Earl A. Clark

Licensed Embalmer No. 3476

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.