

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

25904  
 Do not use this space.

REC'D AUG 17 1939

**1. PLACE OF DEATH**

(a) County Jasper Registration District No. 411  
 (b) Township \_\_\_\_\_ Primary Registration District No. 2002 Registered No. \_\_\_\_\_  
 (c) City Joplin (d) Street No. St. John'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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT-FULL NAME**

341 ELIZABETH RATLIFE  
 (a) Residence, No. \_\_\_\_\_ St.  Neosho, Mo.  
 (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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Trustin P. Ratlife

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 0 14

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) Grundy Center 1  
 (STATE OR COUNTRY) Iowa

FATHER 13. NAME John Walker 9  
 14. BIRTHPLACE (CITY OR TOWN) No record 7  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Julia Wright  
 16. BIRTHPLACE (CITY OR TOWN) No record  
 (STATE OR COUNTRY)

17. INFORMANT Ford Ratlife  
 (ADDRESS) Neosho, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Neosho, Mo DATE July 3, 1939

19. FUNERAL DIRECTOR (NAME) Bigham Weston  
 (ADDRESS) Neosho, Missouri

20. FILED July 8, 1939 Ed Dames  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from July 2, 1939 to July 3, 1939  
 last saw alive on July 3, 1939 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:

Coronary embolus Date of onset 9/4/39  
 Other contributory causes of importance: Acute gall Bladder  
Sensitivity

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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?  
 If so, specify \_\_\_\_\_ (Signed) [Signature], M. D.  
370 (Address) \_\_\_\_\_

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.

AUG 13 1941

SEP 11 1941  
RECEIVED

District Health Officer No. 6,

District File Number 839-1619

Date Filed AUG 9 1939

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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

*J. E. Byham*

Licensed Embalmer No. 2689

P. O. Address

*Neosho 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.**