

FILED JUL 22 1940
Registration District No. 266

Primary Registration District No. 4164

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

1. PLACE OF DEATH:

(a) County Deut.

(b) City or town Salem, 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) 2

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

In this community 60 years.
years, months or days (Specify whether _____)

8. (a) PRINT FULL NAME William Valentis Ragsdale

8. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M. 5. Color W. 6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Emma Ragsdale. 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased 3-8-1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

60 4 0 hr. 0 min.

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

10. Usual occupation Farmer.

11. Industry or business _____

MOTHER FATHER

12. Name Thodore Ragsdale

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

14. Maiden name Elizabeth Ragsdale

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

16. (a) Informant Emma Ragsdale

(b) Address Salem, Mo.

17. (a) Burial (b) Date thereof 7-10-40
(Burial, cremation, or reburial) (Month) (Day) (Year)

(c) Place: burial or cremation Jadwin, Mo.

18. (a) Signature of funeral director Hobbs & Shaulham

(b) Address Salem, Mo.

19. (a) July 9 1940 (b) F. E. Dutton, M.D.
(Date reported local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Deut.

(c) City or town Salem
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
year 1940 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from March 29th, 1940, to July 8th, 1940
that I last saw him alive on July 8th, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Duration 3 mos.

Due to _____

Due to 92%

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? 240

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

28. Signature Mawie Grossman (M. D. or other) 1 M.D.
Address Salem, Mo. Date signed 7/9/40

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.....

H. D. Johnson

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *H. D. Johnson*

Licensed Embalmer No. *928*

P. O. Address *Salem, 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.