

No. 2
1-10-39
17-3910
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24098

State File No.

2708

AUG 14 1940 399

Registration District No.

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Vineyard Park Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days
6 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ida Marie Ragan 257
3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Fe. 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marion 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Dec. 14-18## 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 ##6 6 21 hr. min.

9. Birthplace St. Joseph, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife
Home

11. Industry or business Home

12. Name Adam Charles
Russia

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

14. Maiden name De Quincy Ind.
(City, town, or county) (State or foreign country)

15. Birthplace Mrs. A. Fujo.
(City, town, or county) (State or foreign country)

16. (a) Informant 1624 Crystal Ave.
(b) Address Burial (c) Date thereof July 8-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Rose & Henderson
(b) Address K. C. Mo.
July 6, 1940
(Date received local registrar) (c) M. M. Brown
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1624 C Crystal Ave. (Neighborhood)
(e) If foreign born, how long in U. S. A. Life years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
year 1940 hour 45 minute P. M.

21. I hereby certify that I attended the deceased from July 30, 1940 to July 5, 1940
that I last saw her alive on July 15, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction Duration 6 days

Due to Increased Umbilical Hernia 12.2.40 6 mos

Due to Intestinal obstruction

Other conditions Intestinal obstruction 7-3-40
(Include pregnancy within 3 months of death)

Major findings: Of operations obstruction
Of autopsy None

Duration
6 days
6 mos
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 100

23. Signature [Signature] (M. D. or other)
Address [Address] Date signed _____

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

An. Sheldon

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 *G. E. Henderson*

Licensed Embalmer No. *3657*

P. O. Address *K. C. 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.