

2
13-40
7-39
X23159

State File No.

FILED FEB 18 1941

Registration District No. 648

Primary Registration District No. 1426

Registrar's No.

1. PLACE OF DEATH:

(a) County Platte

(b) City or town Winston Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME ROY RATLIFF

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Sallie Ratliff

(c) Age of husband or wife if alive dead years

7. Birth date of deceased Dec 17 1882
(Month) (Day) (Year)

8. AGE: Years 58 Months 1 Days 6 If less than one day hr. min.

9. Birthplace Bethel Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Lee Ratliff

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

14. Maiden name Anna Patrick

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

16. (a) Informant Laguna Vile

(b) Address Winston, Mo

17. (a) Burial (b) Date thereof Jan 21, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Bethel Cemetery

18. (a) Signature of funeral director J H Powell

(b) Address Winston, Missouri

19. (a) 1-14-41 (b) J H Powell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Platte

(c) City or town Winston Mo
(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.? USA. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18 year 1941 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan 18, 1941, to Jan 18, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial

Due to Coronary Thrombosis

Due to None

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations None

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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 None

23. Signature W H Moore (M. D. or other) Coroner

Address Dearborn Mo Date signed 1/18/41

Duration

sudden

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.