

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

2
1
19
28390

FILED SEP 6 1941

Registration District No. 875

Primary Registration District No. 3039

Registrar's No. 239

1. PLACE OF DEATH:
 (a) County Vernon
Nevada Missouri
 (b) City or town
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution
Nevada City Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
 (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Bates
 (c) City or town Rich Hill Missouri RFD
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Harvey Parker Ratts Jr.
 3. (b) If veteran, name war X no
 3. (c) Social Security No. none
 4. Sex male 5. Color or race White
 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive X _____ years
 7. Birth date of deceased July 14th 1922
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month August day 2
 year 1941 hour 8 minute 31A M.
 21. I hereby certify that I attended the deceased from 12pm
7-31 1941 to Aug 2 1941
 that I last saw h _____ alive on Aug 2 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death fracture skull
 Duration 2 da

8. AGE: Years Months Days If less than one day
19 0 18 hr. _____ min.

Due to Blow on head
 Due to Collision of truck automobile 7-30-41
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: 170°
 Of operation none
 Of autopsy none

9. Birthplace Bates County Mo.
 (City, town, or county) (State or foreign country)
 10. Usual occupation Farmer

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) accident
 (b) Date of occurrence 7-31-41
 (c) Where did injury occur? Highway 71, 11 mi N
 (City or town) (County)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway 71 10 mi N
 (Specify type of place)
 While at work? no (e) Means of injury car wreck

11. Industry or business _____
 12. Name Harvey P Ratts Sr.
 13. Birthplace Bates Co. Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name D. Ella Querry
 15. Birthplace Bates Co. Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Harvey Ratts Sr.
 (b) Address Rich Hill Missouri
 17. (a) Burial (b) Date thereof Aug. 4th
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Robinson Cemetery
Booth Funeral Service
 18. (a) Signature of funeral director _____
 (b) Address Rich Hill Missouri
 19. (a) Aug 3-1941 (b) Allen V. Bay
 (Date received local registrar) (Registrar's signature)

23. Signature _____ (M. D. or other)
 Address Nevada Mo Date signed 8-3-41

RECEIVED

District Health Officer No. 7,

District File Number 9-41-1596

Date Filed 9-4-41

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

John H. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler Missouri

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

If this body is not embalmed, fact should be so stated above.