

FILLED OCT 9 1941

Registration District No. 288

Primary Registration District No. 5406

Registrar's No. 21

1. PLACE OF DEATH

(a) County Deunklin
(b) City or town Hennett Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1 on Deunklin road 2 1/2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME BEVAL DON RAGSDALE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased Aug 14 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months 1 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation infant

11. Industry or business _____

12. Name Wayne Ragdale

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

14. Maiden name Bessie Rose

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

16. (a) Informant Wayne Ragdale

(b) Address Hennett Mo. R. 2

17. (a) Burial (b) Date thereof 9-29-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hayd Cemetery

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 9-29-41 (b) Julia Blankinship
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Deunklin
(c) City or town Hennett Rural 35
(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 Sept day 28
year 1941 hour 4 minute 05 P. M.

21. I hereby certify that I attended the deceased from Sept 14 1941 to Sept 28 1941; that I last saw him alive on Sept 28 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Pertussis Duration 3 weeks
Due to Ellio Colitis 7 days

Due to _____
Other conditions (include pregnancy within 3 months of death) 9

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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature George E. Linn (M.D. or other) V.D.O.
Address Hennett Mo. Date signed 9-29-41

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

OCT 10 1944

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.