

No. 2  
4-13-40  
5-17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

18598

State File No. \_\_\_\_\_

FILED JUN 11 1942  
Registration District No. 671

Primary Registration District No. 4365

Registrar's No. \_\_\_\_\_

WRITE PLAINLY IN UNFADING BLACK INK—MAKE A PERMANENT RECORD

73  
4  
0

1. PLACE OF DEATH: Newton

(a) County Seneca Missouri

(b) City or town Seneca Missouri  
(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)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 16 yrs (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 73

(a) State Missouri (b) County Newton 4

(c) City or town Seneca 0  
(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.

3. (a) PRINT FULL NAME Genevieve Ragan

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23rd  
year 1942 hour 1:00 minute AM

4. Sex female / 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 \_\_\_\_\_ years

21. I hereby certify that I attended the deceased from now  
\_\_\_\_\_ 1942 to May 23 1942  
that I last saw her alive on May 23 1942  
and that death occurred on the date and hour stated above.  
Immediate cause of death Endocarditis Duration 6 mos

7. Birth date of deceased: June 19th 1925  
(Month) (Day) (Year)

8. AGE: Years 16 Months 11 Days 4 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to acute Rheumatic fever

Due to \_\_\_\_\_

9. Birthplace Seneca Missouri 0  
(City, town, or county) (State or foreign country)

Usual occupation schoolgirl

Industry or business \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 582  
Of operations \_\_\_\_\_

MOTHER FATHER { 12. Name Louis A. Ragan 0

13. Birthplace Seneca Mo 0  
(City, town, or county) (State or foreign country)

14. Maiden name Aima Connell

15. Birthplace Lawrence Co. Missouri 0  
(City, town, or county) (State or foreign country)

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Louis A. Ragan

(b) Address Seneca Mo

17. (a) Burial (b) Date thereof May 26 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seneca Cem

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? \_\_\_\_\_

18. (a) Signature of funeral director J. O. Chase

(b) Address Seneca Mo

19. (a) June 1-1942 (b) Theodore L. King  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (Specify type of injury)

23. Signature John B. Roberts (M. D. or other) Dr.  
Address P.O. Box 294 Seneca signed 6-1-42

RECEIVED

District Health Officer No. 6,

District File Number 642-819

Date Filed JUN 10 1942

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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

*Barey Thompson*

Licensed Embalmer No. 3259

P. O. Address

*Neosho 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, fact should be so stated above.