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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

21224

State File No.

Registration District No. 325 Primary Registration District No. 5451 Registrar's No. 95

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Willard R1 Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Cass township Greene Co Mo Rural
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Willard Mo R1 Rural 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. Rural Cass Township
(If rural, give location)

(e) Citizen of foreign country? no 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John Theodore Ragains

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Nellie Grace Tupper

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased April 13 1885
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
57	2	7	hr. min.

9. Birthplace Greene County Mo O
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business General farming

FATHER
12. Name William Ragains
13. Birthplace Tenn
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Cordelia Pace
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Grace Ragains
(b) Address Willard Mo R1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22-1942
(Month) (Day) (Year)
(c) Place: burial or cremation Rockhill Cemetery

18. (a) Signature of funeral director [illegible]
(b) Address Walnut Grove Mo

19. (a) June 22-1942 (Date received local registrar) (b) Nelson L Murray (Registrar's signature)

1225

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1942 hour 6 minute 10 P M.

21. I hereby certify that I attended the deceased from May 26 1942 to June 6 1942
that I last saw him alive on June 6 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Probably Cerebral Haemorrhage had not seen him for 14 days

Due to Anemia

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 [illegible] (M. D. or other)

Address Walnut Grove Date signed 6-22-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office
County File Number 42-7-56
Date Filed 7/8/42

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 J W Birch

Licensed Embalmer No. 3856

P. O. Address Ash Grove 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.