

Filed OCT 9 1942

Registration District No. **166**

Primary Registration District No. **5605**

Registrar's No. **37**

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

**1. PLACE OF DEATH:**  
 (a) County Johnson  
 (b) City or town Washington 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 \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community: 10 yrs

**3. (a) PRINT FULL NAME** George M. Ragner  
**3. (b) If veteran,** name war \_\_\_\_\_  
**3. (c) Social Security** No. \_\_\_\_\_

**4. Sex** MO **5. Color of race** W  
**6. (a) Single, widowed, married, divorced, married**  
**6. (b) Name of husband or wife** Dorine Ragner **6. (c) Age of husband or wife if alive** 47 years  
**7. Birth date of deceased** May 28 1854  
(Month) (Day) (Year)

**8. AGE:** Years 53 Months 3 Days 4  
If less than one day hr. min.

**9. Birthplace** Johnson Co Mo  
(City, town, or county) (State or foreign country)  
**10. Usual occupation** Farmer

**11. Industry or business**  
**12. Name** John Ragner  
**13. Birthplace** Germantown, Indiana  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Dorine Edna  
**15. Birthplace** Germantown, Indiana  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Mrs. S. P. Ragner  
**(b) Address** Knob nashin  
**17. (a)** \_\_\_\_\_ **(b) Date thereof** 9 6 42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** Knob nashin

**18. (a) Signature of funeral director** R. F. Garner  
**(b) Address** La Monte, Mo  
**19. (a)** 9-4-42 **(b)** Mrs. C. E. Foster  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo (b) County Johnson  
 (c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Rural  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month 9 day 4  
 year 42 hour 5:30 minute \_\_\_\_\_ AM.  
**21. I hereby certify that I attended the deceased from** Aug 1  
 \_\_\_\_\_, 1942 **to** Sept 4, 1942  
 that I last saw him alive on \_\_\_\_\_, 1942  
 and that death occurred on the date and hour stated above.

**Immediate cause of death** Carcinoma of Liver  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions Other myocardial  
(Include pregnancy within 3 months of death)

**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) (e) Means of injury \_\_\_\_\_  
**23. Signature** H. W. Hoover M. D. or other \_\_\_\_\_  
**Address** Knob nashin **Date signed** Sept 1942

Health Order No. 3

File Number

10-8-42

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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 B. J. Parker

Licensed Embalmer No. 1592

P. O. Address Ramond M

**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.**