

FILED OCT 10 1942

Registration District No. 360

Primary Registration District No. 3076

108
1
2

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

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(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 4 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 617 So Main
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? 0 years.

3. (a) PRINT FULL NAME Virgie Ralston

3. (b) If veteran, name war ✓ 3. (c) Social Security No. None

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife G. E. Ralston 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased. Dec 7 1890
(Month) (Day) (Year)

8. AGE: Years 51 Months 9 Days 3
If less than one day hr. min.

9. Birthplace Crystal City Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Homekeeper

11. Industry or business

MOTHER FATHER { 12. Name A. D. Percy
18. Birthplace Crystal City Miss
(City, town, or county) (State or foreign country)
14. Maiden name Dorah Knight
15. Birthplace Unknown Miss
(City, town or county) (State or foreign country)

16. (a) Informant G. E. Ralston
(b) Address Nevada Mo

17. (a) Burial (b) Date thereof Sept 14 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mares Cemetery

18. (a) Signature of funeral director Boys Funeral Home
(b) Address Nevada Mo

19. (a) Sept. 12, 1942 (b) Elizabeth Breckenridge
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10 year 1942 hour 4 minute 00 A. M.

21. I hereby certify that I attended the deceased from August 31 1942 to Sept 10 1942 that I last saw her alive on Sept 9 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Renal block from Sulfathiazole used in treatment of lobar pneumonia
Due to 10 days

Duration 3 days

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 108
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?

23. Signature R. W. Jense (M. D. or other) MD
Address Nevada Mo Date signed 9/11/42

APR 27 1942

RECEIVED

District Health Officer No. 71

District File Number 10-42-1061

Date Filed 10-6-42

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 Allen V. Hayes

Licensed Embalmer No. 1868

P. O. Address Nevada 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, above space should be left blank.