

**FIXED NOV 19 1942**  
Registration District No. **1002**

Primary Registration District No. **1002**

**1. PLACE OF DEATH:**  
(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
K.C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days (Specify whether  
In this community 24 years years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
2915 Forest (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

**3. (a) PRINT FULL NAME** Nell Ragland  
3. (b) If veteran, name war no 3. (c) Social Security No. none

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Nov. day 4th  
year 1942 hour 3 minute 45 P. M.  
**21. I hereby certify that I attended the deceased from** 11-1-42, 19\_\_\_\_, to 11-4-42, 19\_\_\_\_;  
that I last saw him alive on 11-4-42 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Charles Ragland 6. (c) Age of husband or wife if alive 73 years  
7. Birth date of deceased March 18 1876  
(Month) (Day) (Year)

Immediate cause of death  
Hypertensive heart disease  
Due to 938  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

**8. AGE:** Years 66 Months 7 Days 16 If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

**MOTHER FATHER** 12. Name John P. Jones

13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Laura Parker

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

16. (a) Informant Charline R. McMillan

(b) Address 2803 Cheslate Kansas City Mo.

17. (a) Burial (b) Date thereof Nov 6 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery Ind. Mo.

18. (a) Signature of funeral director W. E. McMichael

(b) Address 310 N. Main St. Independence Mo.

19. (a) 11-5-42 (b) M. H. Crown  
(Date received local registrar) (Registrar's signature)

**PHYSICIAN**  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy None  
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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
**23. Signature** Dwight R. Thom (M. D. or other) \_\_\_\_\_  
Address Med. Dir. K.C. Gen. Hospital Date signed \_\_\_\_\_

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

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.....

*RB Mitchell*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*RB Mitchell*

Licensed Embalmer No. *646*

P. O. Address *W.A. Main St. Indianapolis, Ind.*

**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.**