

FILED APR 23 1943

Registration District No. 39

Primary Registration District No. 4097

1. PLACE OF DEATH: Cass
(a) County Cass
(b) City or town Harrisonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Owens Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: 14
(a) State Mo (b) County Cass
(c) City or town Rural
(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. 0 years.

3. (a) PRINT FULL NAME Daniel Ratzlaff

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

4. Sex m 5. Color or race W. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Willie Jane 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased June 5 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 10 10 hr. min.

9. Birthplace McPherson County Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____
MOTHER FATHER { 12. Name Bernhardt Ratzlaff
13. Birthplace Holland
(City, town, or county) (State or foreign country)
14. Maiden name Helena Unruh
15. Birthplace Holland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs D. S. Ratzlaff

(b) Address Garden City Mo.

17. (a) Burial (b) Date thereof 4/17/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harrisonville. Mo.

18. (a) Signature of funeral director A. W. Brownfield

(b) Address Pleasant Hill Mo.

19. (a) April 17, 1943 (b) Margaret Talle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 15
year 1943 hour 7th minute 45A. M.

21. I hereby certify that I attended the deceased from APRIL 10TH
1943 to APRIL 15th 1943
that I last saw him alive on APRIL 15th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death
Respiratory paralysis Duration 8 minutes
Due to Cerebral Hemorrhage 5 days

Due to Cardio-vascular disease

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations none 930
Of autopsy none
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? _____

While at work? _____ (Specify type of place)
(d) Means of injury While at work
23. Signature Dr. D. C. Coonick (M. D. or other)
Address Garden City Mo Date signed 4/17/43

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

19
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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.....

By me

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

working under my personal supervision.

Signed.....

Allen Wilson Brownfield

Licensed Embalmer No.....

3785

P. O. Address.....

Pleasant Hill

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.