No. 2.
—2-43
5-17-39
X3569

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH O[redacted]

STANDARD CERTIFICATE O[redacted]

State File No. 28325

FILED SEP 9 194[redacted]2

Registration District No. [redacted]2

Primary Registration District No. 5479

Registrar's No. 121

40
0
0

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

1. PLACE OF DEATH:

(a) County Grundy

(b) City or town Taylor Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 2 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 40

(a) State Mo. (b) County Grundy 0

(c) City or town ~~[illegible]~~ Rural Brimson 0
(If outside city or town limits, write "RURAL")

(d) Street No. N. W. of Trenton, Mo.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Carrol Ratliff

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

4. Sex Male | 5. Color or race White | 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Dec. (Month) 22 (Day) 1935 (Year)

8. AGE: Years 7 | Months 8 | Days 3 | If less than one day ___ hr. ___ min.

9. Birthplace Grundy Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Pupil

11. Industry or business School

FATHER
12. Name Albert Ratliff
13. Birthplace Grundy Co. (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Juanita Gibson
15. Birthplace Harrison Co. (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Juanita Ratliff
(b) Address Brimson, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-27-43 (Month) (Day) (Year)
(c) Place: burial or cremation CatCreek Cemetery

18. (a) Signature of funeral director Martin Funeral Home
(b) Address Princeton, Mo.

19. (a) 8-27-43 (Date received local registrar) (b) L. B. Roberts (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 25th
year 1943 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 20, 1943 to Aug 28th, 1943
that I last saw him alive on Aug 2 3rd, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: meningitis	1 week
Due to Streptococci Germ	
Due to Strept Sore Throat	1 week
Other conditions (Include pregnancy within 3 months of death) none	

Major findings:
Of operations 8/10
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)
While at work? (e) Means of injury

23. Signature Olive P. Duffy (M.D. or other) M.D.
Address Trenton, Mo. Date signed Aug 3/43

1350

(Licensed Embalmer's Statement on Reverse Side)

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 N. Ivan Martin

Licensed Embalmer No. 5760

P. O. Address Princeton, 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.