

Allen
No. 2
-2-43
5-17-39
I X35687

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 7 1943

Registration District No. 500

Primary Registration District No. 3076

State File No. 39384

Registrar's No. 108

1. PLACE OF DEATH:

(a) County Nevada

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ years, months or days (Specify whether)

3. (a) PRINT FULL NAME William H. Ralston

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henrietta Ralston

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased Aug 6 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

86 3 7 hr. _____ min.

9. Birthplace Taylorville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Physician

11. Industry or business _____

MOTHER FATHER

12. Name Gavin Ralston

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

14. Maiden name Amelia Langley

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

16. (a) Informant Mrs. W. H. Ralston

(b) Address Nevada, Missouri

17. (a) Burial (b) Date thereof Nov. 15 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moore Cemetery

18. (a) Signature of funeral director Allen & Son

(b) Address Nevada Missouri

19. (a) 11-16-43 (b) Boyd B. Burch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nevada

(c) City or town Nevada
(If outside city or town limits, write "RURAL")

(d) Street No. 914 1/2 Walnut
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13th
year 1943 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 26
1943 to November 13, 1943
that I last saw him alive on Nov 11, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory Collapse Duration 10 hrs.

Due to Generalized Carcinomatosis 2 yrs
Abdominal-Metastatic

Due to Carcinoma prostate 5 yrs

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

Major findings: 518

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Wm H. Allen, M.D. (Other) _____
Address Nevada, Mo. Date signed 11/16/43

SPRINGFIELD

District Health Officer No. 7,

Special File Number 11-43-1314

Date Filed 12-6-43

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 Mack A. Braswell

Licensed Embalmer No. 2529

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, fact should be so stated above.