

S. No. 2  
 OM-2-43  
 v. 5-17-39  
 X35597

34189

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED NOV 10 1944  
 Registration District No. 115

Primary Registration District No. 4/167

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
 (a) County Franklin  
 (b) City or town Union  
 (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 years, months or days)  
 In this community 20 yrs.

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Franklin  
 (c) City or town Union  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 119 Hambro ave  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ruby Arthur Ragg  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month October day 30th  
 year 1944 hour 9 minute 30 P.M.  
 21. I hereby certify that I attended the deceased from 3-29-44  
 \_\_\_\_\_, 19\_\_\_\_, to 10-30, 1944  
 that I last saw him alive on 10-30, 1944  
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Annie Louise Ragg 6. (c) Age of husband or wife if alive 44 years  
 7. Birth date of deceased December 15th 1876  
 (Month) (Day) (Year)

Immediate cause of death Acute Rt. Inlet Heart Failure  
 Due to Arterio sclerotic Cardiovascular disease  
 Due to \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>10</u>	<u>15</u>	hr. _____ min. _____

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace Linn Creek Mo. (City, town, or county) (State or foreign country)  
 10. Usual occupation Barber

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
 12. Name Harry Ragg  
 13. Birthplace England (City, town, or county) (State or foreign country)  
 14. Maiden name Mary Jane Maxwell  
 15. Birthplace Linn Mo. (City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Annie Ragg  
 (b) Address Union Mo.  
 17. (a) Burial (b) Date thereof 11/2/1944  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Union Cemetery Union Mo.

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
 23. Signature B. H. Strickman (M. D. or other) H. D.  
 Address Union Mo. Date signed 10-31-44

18. (a) Signature of funeral director E. H. Oldham  
 (b) Address Union Mo.  
 19. (a) 11/1/44 (b) Donald W. Reger  
 (Date received local registrar) (Registrar's signature)

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

36  
05

36  
5  
0

MOTHER FATHER

Duration  
45 min  
  
PHYSICIAN  
P. J. D.  
Underline the cause to which death should be charged statistically.

1119

RECEIVED

District Health Officer No. 6

District File Number \_\_\_\_\_

Date Filed 11-8-44

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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 \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed E. F. Ottman

Licensed Embalmer No. 1686

P. O. Address Union, 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.