

S. No. 2
OM-5-43
v. 5-17-39
I X36671

FILED APR 2 1945

Registration District No. _____

Primary Registration District No. **4738**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Jackson**

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

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

(d) Length of stay: **5 wks**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **INDEPENDENCE Mo.**
(If outside city or town limits, write "RURAL")

(d) Street No. **In Jackson County** 50 yrs
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country **X**

3. (a) PRINT FULL NAME **Cora L. Ralston**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **24**
year **1945** hour **4** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Feb 19**, 1946 to **mar 24**, 1946
that I last saw h. **alive** on **mar 18**, 1946
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, **widowed**

6. (b) Name of husband or wife **Harry M. Ralston** (c) Age of husband or wife if alive **4** years

7. Birth date of deceased **may 25 - 1862**
(Month) (Day) (Year)

Immediate cause of death **Chronic Nephritis**

Due to **X**

Due to **X**

Other conditions (Include pregnancy within 3 months of death) **131**

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

82 **9** **29** hr. min.

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

10. Usual occupation **House work**

11. Industry or business _____

12. Name **Andrew Redman**

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

14. Maiden name **Mary Johnson**

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

16. (a) Informant **Robert Welch**

(b) Address **708 No Liberty St.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **3-27-45**
(Month) (Day) (Year)

(c) Place: burial or cremation **Woodlawn Cem**

18. (a) Signature of funeral director **George Carson**

(b) Address **Independence Mo**

19. (a) **3-25-45** (Date received local registrar) (b) **V. W. Koppert** (Registrar's signature)

Major findings: Of operations _____

Of autopsy _____

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 **J. W. Ralston** (M. D. or other) _____

Address **Buckner Mo** Date signed **3-24-45**

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

48
00
0

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1161

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.....

George C. Carson

Licensed Embalmer No.....

2249

P. O. Address.....

Independence 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.