

FILED JUN 27 1945

State File No. _____

Registration District No. 187

Primary Registration District No. 6-694

Registrar's No. 84

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town R.R. #1 Chillicothe, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Chillicothe, Mo.
4 Miles Southeast-Chillicothe, Mo.
(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 51 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Livingston

(c) City or town R.R. #1 Chillicothe, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 4 Miles S.E. Chillicothe, Mo.
(If rural, give location)

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

3. (a) PRINT FULL NAME JAMES WILLARD RALLS

3. (b) If veteran, name war World War 1

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 Sarah Margaret Ralls

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Sept. 4th. 1893
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>9</u>	<u>1</u>	hr. _____ min.

9. Birthplace Avalon, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name James Ralls

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

14. Maiden name Dolly J. Harris

15. Birthplace Avalon, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Sarah M. Ralls

(b) Address Chillicothe, Missouri.

17. (a) Burial (b) Date thereof 6-7-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edgewood Cemetery

18. (c) Signature of funeral director Norman Funeral Home

(b) Address Chillicothe, Missouri.

19. (a) June 9 (b) Lou Ethel Corry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th.
year 1945 hour 3:20 minute A. M.

21. I hereby certify that I attended the deceased from 4-30-45 to 5-14-45
that I last saw him alive on 5-14-45
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Chr. Myocarditis
Chr. Nephritis
Chr. Cholecytiti

Due to _____

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

Major findings: Of operations 131

Of autopsy _____

22. If death was due to external causes, fill in the following:

(c) 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 Dr. J. M. Stowell (M. D. or other) _____
Address Chillicothe, Mo. Date signed 6-6-45

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

4000

