S. No. 2
M—2-43
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I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 8 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33971

Registration District No. 157 Primary Registration District No. 5584 Registrar's No. 187

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Rural - McDonald Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route #1, Reeds, Missouri
(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 Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Rural - McDonald Township
(If outside city or town limits, write "RURAL")
(d) Street No. Route #1, Reeds
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EARL ULMAN 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 Jewell H. Ralston
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased April (Month) 14 (Day) 1888 (Year)

8. AGE: Years 57 Months 6 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace Jasper County, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER
12. Name Robert N. Ralston
13. Birthplace X (City, town, or county) Ill. (State or foreign country)
MOTHER
14. Maiden name Mary J. Butrick
15. Birthplace X (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Mrs. Earl Ulman Ralston
(b) Address Route #1, Reeds, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-21-45 (Month) (Day) (Year)
(c) Place: burial or cremation Dudman Cemetery
18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address Carthage, Missouri
19. (a) 10-20-45 (Date received local registrar) (b) L B Clinton, MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18, year 1945 hour 8:30 minute P. M.
21. I hereby certify that I attended the deceased from Sept 1, 1945, to Oct 18, 1945; that I last saw him alive on Oct 15, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic arteriosclerotic bronchitis	over 5 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature H E Ford MD (M. D. or other)
Address Carthage Mo. Date signed 10-20-45

1458 (Licensed Embalmer's Statement on Reverse Side)

DEC 13 1945

AUG 27 1947

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 Eddie Weimer

Licensed Embalmer No. 2222

P. O. Address Carthage

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.