U. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42100

FILED JAN 9 1946

Registration District No. 279 Primary Registration District No. 5927 Registrar's No. 351

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

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Green Ridge Tiles (rural) (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3 miles north of Green Ridge (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80

(c) City or town Green Ridge (rural) (If outside city or town limits, write "RURAL")

(d) Street No. 3 miles north of Green Ridge (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mrs. Nora Wells Ragar

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife A.O. Ragar

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased July 6, 1876 (Month) (Day) (Year)

8. AGE: Years 69 Months 5 Days 13 If less than one day hr. min.

9. Birthplace near Green Ridge, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name William F. Wells
13. Birthplace Pettis County, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Frances Stevens
15. Birthplace Pettis County, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant A.O. Ragar (husband)

(b) Address Green Ridge, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/21/45 (Month) (Day) (Year)

(c) Place: burial or cremation Hickory Point

18. (a) Signature of funeral director Ewing Funeral Home

(b) Address Sedalia, Mo.

19. (a) 12/21/45 (Date received local registrar) (b) A J Campbell (Registrar's signature)

1486

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Dec day 19 year 1945 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov 18, 1945 to Dec 19, 1945 that I last saw her alive on Dec 15, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions Influenza, Catarrhal Jaundice (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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. A. Hite (M. D. or other) MD

Address Green Ridge Mo Date signed 12/20/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 1-8-46

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 Duane Ewing
Licensed Embalmer No. 3847
P. O. Address Sedalia 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.