S. No. 2
1—8-43
5-17-39
P I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 4 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2748

State File No. .....

Registration District No. 128 Primary Registration District No. 5465 Registrar's No. 21

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: RURAL, N. CAMPBELL TWP.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route #11
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Lawrence 55
(c) City or town: Marionville 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 1
If yes, name country .....

3. (a) PRINT FULL NAME: MAUD RAGAIN
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: widowed
6. (b) Name of husband or wife: John Ragain
6. (c) Age of husband or wife if alive: Dec. years
7. Birth date of deceased: January 22, 1866 (Month) (Day) (Year)
8. AGE: Years 79 Months 11 Days 14 If less than one day ..... hr. ..... min.
9. Birthplace: Cincinnati (City, town, or county) Ohio (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business .....
MOTHER FATHER
12. Name: Joseph Robinson
13. Birthplace: UNK. (City, town, or county) Ohio (State or foreign country)
14. Maiden name: Mary F. Cline
15. Birthplace: UNK. (City, town, or county) Ohio (State or foreign country)
16. (a) Informant: Mrs. Hubie Moore
(b) Address: R.FD Marionville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-8-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Williamson Cemetery Mt. Vernon, Mo.
18. (a) Signature of funeral director: J. B. Bradford
(b) Address: Marionville, Mo.
19. (a) 1-7-46 (Date received local registrar) (b) B. W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 6 year 1946 hour 5 a.m. minute ..... M.
21. I hereby certify that I attended the deceased from Nov. 10, 1946 to 1-6-, 1946 that I last saw her alive on 1-1-, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Liver abscess	2 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Senility	
Major findings: Of operations: 1952	
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: C. E. Feller (M. D. ~~or other~~)
Address: Springfield Mo. Date signed 1-6-45

(Licensed Embalmer's Statement on Reverse Side)

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

716

111

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 Herman Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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.