No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32482

FILED SEP 16 1946

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 1[illegible]

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town ~~Nevada Mo~~ rural Wash. Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution State Hospital No 3 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 18 days (Specify whether years, months or days)
In this community 1 Month 18 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede 108

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

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Ulis Ragland.

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex M 0

5. Color or race W

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

6. (b) Name of ~~husband~~ or wife ✓

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

7. Birth date of deceased 5 (Month) 2 (Day) 1881 (Year)

8. AGE: Years 65 Months 4 Days 1 If less than one day hr. min.

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

10. Usual occupation Carpenter.

11. Industry or business

FATHER
12. Name Riley Ragland 1
13. Birthplace Illinois (City, town, or county) ~~[illegible]~~ (State or foreign country)

MOTHER
14. Maiden name Lemosy Hawkins
15. Birthplace Illinois. (City, town, or county) 1 (State or foreign country)

16. (a) Informant Etolia Ragland
(b) Address Phillipsburg Mo R#1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sep 6 '46 (Month) (Day) (Year)
(c) Place: burial or cremation Hospital Cemetery
(a) Signature of funeral director Lay's Funeral Service
(b) Address Nevada Mo.
9-6-46 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 3 year 1946 hour 3 AM minute — M.

21. I hereby certify that I attended the deceased from 9-2- 1946 to 9-3- 1946 that I last saw him alive on 9-2- 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchia Pneumonia	1 day
Due to Arteriosclerosis.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 0

23. Signature J R Bunch (M. D. ~~[illegible]~~)
Address State Hospital No 3 Date signed 9.3.46

33 (Licensed Embalmer's Statement on Reverse Side)

LICENSE

No. 8

8-46-944

Date Filed 9-10-46

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 Allen V. Hays

Licensed Embalmer No. 1968

P. O. Address Nevada Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.