S. No. 2
M—12-45
v. 5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 14 1947

Registration District No. 74

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39994

Primary Registration District No. 5295

Registrar's No. 52

1. PLACE OF DEATH:
(a) County: Clinton
(b) City or town: Rural Concord Twp. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether) In this community (years, months or days): 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Clinton
(c) City or town: Rural (If outside city or town limits, write "RURAL")
(d) Street No.: 1 Mile East Plattsburg (If rural, give location) Concord Twp. Mo.
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Cassie Margaret Ratcliff
3. (b) If veteran, name war: x x
3. (c) Social Security No.: x x
4. Sex: Female
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Wm. S. Radcliff
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: Feb (Month) 19 (Day) 1876 (Year)

8. AGE: Years 70 | Months 10 | Days 4 | If less than one day ____ hr. ____ min.

9. Birthplace: Clinton Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Home wife.
11. Industry or business ____
FATHER 12. Name: Wm. Blankenship
FATHER 13. Birthplace: Kentucky (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Mandarine Rodges
MOTHER 15. Birthplace: Clinton Co. (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Wm. S. Radcliff
(b) Address: Plattsburg Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/26/46 (Month) (Day) (Year)
(c) Place: burial or cremation: Plattsburg Mo.
18. (a) Signature of funeral director: D. W. Tyson
(b) Address: Plattsburg Mo.
19. (a) 12-28-46 (Date received local registrar) (b) Jal L. Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23 year 1946 hour 1 minute 30 P.M.
21. I hereby certify that I attended the deceased from Dec 22, 1946, to Dec 23, 1946; that I last saw him alive on Dec 23, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	15 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94A	

Major findings:
Of operations: None
Of autopsy: none

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: W. B. Spalding (M. D. or other) MD
Address: Plattsburg Mo. Date signed: Dec 23 46

65 (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Darell W. Lyon

Licensed Embalmer No. 3640

P. O. Address Platte City 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.