

FILED FEB 5 1947  
Registration District No. 167

Primary Registration District No. 3032

State File No. \_\_\_\_\_  
Registrar's No. 7

1. PLACE OF DEATH:

(a) County Marionburg, Mo.  
(b) City or town Marionburg, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Niece Nursing Home #4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 year  
(Specify whether years, months or days)  
In this community See of her life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51  
(c) City or town Karrensburg, Mo. 2  
(If outside city or town limits, write "RURAL") 2  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Martha Olivia Ragner

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 2  
6. (b) Name of husband or wife William H. Ragner 6. (c) Age of husband or wife if alive deceased years  
7. Birth date of deceased Nov. 1 1868  
(Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 21 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Moniteau Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Silas Moser  
13. Birthplace Nashville Tenn. (City, town, or county) (State or foreign country)  
14. Maiden name Martha Jany Clough  
15. Birthplace Howard Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Clayd Ragner

(b) Address Palmerman, Mo.

17. (a) Burial (b) Date thereof Jan 23 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kellys Rest, Mo.

18. (a) Signature of funeral director W. H. Wright

(b) Address Wasson, Mo.

19. (a) Jan 22 47 (b) Sarah Ann Brantley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22  
year 1947 hour 1:00 minute 00 A. M.

21. I hereby certify that I attended the deceased from Jan 16 1947  
to Jan 22 1947

that I last saw her alive on Jan 22 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 3 days  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Cholerae Volvulus  
(Include pregnancy within 3 months of death)

Major findings: Of operations 932  
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?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
3. Signature W. H. Wright (M. D. or other)  
Address Wasson, Mo. Date signed Jan 22 1947

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

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.....

*Edw. Cart*

Licensed Embalmer No. *4059*

P. O. Address. *Walden, 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.