

No. 2  
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X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAY 6 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14539

State File No. \_\_\_\_\_

Registration District No. 218

Primary Registration District No. 5953

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Pike  
(b) City or town Rural Buffalo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
South of Louisiana, Missouri  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 15 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME ETHEL MAY RALSTON

3. (b) If veteran, name war \_\_\_\_\_ 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 Lester Ralston 6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased May 2 1891  
(Month) (Day) (Year)

8. AGE: Years 55 Months 9 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Rockport Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Burns  
13. Birthplace Pike Co. Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Emily Strong  
15. Birthplace Pike Co. Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Lester Ralston  
(b) Address RFD Louisiana, Missouri  
Removal (b) Date thereof 4/10/47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Summer Hill, Ill.

18. (a) Signature of funeral director Garner & Sterne  
(b) Address Louisiana, Missouri

19. (a) 4-10-47 (b) Bernice Collier  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8  
year 1947 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from January 1947 to April 8 1947  
that I last saw her alive on March 1st 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure  
Chronic Bronchitis

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

Other conditions (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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Ernest J. Mallett (Name) or other \_\_\_\_\_  
Address 213 1/2 Douglas St Date signed April 9, 1947

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

RECEIVED  
District Health Officer No. 10  
District File Number 5-47-776  
Date Filed MAY - 5 1947

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 and

Virginia M. Sterne, Registered Apprentice No. 491  
working under my personal supervision.

Signed J. B. Sterne  
Licensed Embalmer No. 4039

P. O. Address Louisiana, M

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.