

FILED MAY 6 1947
Registration District No. 378

Primary Registration District No. 4462

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Elvins, Mo
(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

3. (a) PRINT FULL NAME Henry Jackson Ratley

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lena Ratley 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased January 16 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 3 11 hr. _____ min.

9. Birthplace Edwardsville, Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Self

12. Name John Ratley

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Lena Ratley

(b) Address Elvins, Mo.

17. (a) Burial (b) Date thereof April-29-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Doe Run, Missouri

18. (a) Signature of funeral director Sparks Funeral Home

(b) Address 300 Flat River, Mo

19. (a) 4-29-47 (b) Etter Rudloff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Elvins
(If outside city or town limits, write "RURAL.")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27th.
year 1947 hour 12:00 Noon minute _____

21. I hereby certify that I attended the deceased from 12-31, 1946, to 4-18, 1947,
that I last saw him alive on 4-18-, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Congestive Heart Failure
Duration 3 yrs
3 yrs

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

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 _____

23. Signature W. D. Morris (M. D. or other) MO.

Address Elvins Mo Date signed 4-28-47

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

MOTHER FATHER

March 14 1948

RECEIVED

District Health Officer No. 4
District File Number 547-624
Date Filed 5-5-47

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

Murphy L. Sparks

Licensed Embalmer No.

4236

P. O. Address

Flat 200, No

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.