S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1947

Registration District No. 12

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5289

State File No. 16894

Registrar's No. 64

**1. PLACE OF DEATH:**

(a) County Clay

(b) City or town RURAL Gallatin Tonsp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home GASHLAND Mo /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 20 yrs years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Clay

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

(d) Street No. RR. GASHLAND
(If rural, give location)

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

If yes, name country None

3. (a) PRINT FULL NAME ETHEL L. RATILLFE, Roos

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race Wht.

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

6. (b) Name of husband or wife Walter W. Roos

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased MARCH (Month) 3 (Day) 1893 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 54 | 2 | 15 | X hr. X min. |

9. Birthplace Harrison County Mo (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business Home

MOTHER FATHER

12. Name DAVE RATILLFE

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

14. Maiden name unknown

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

16. (a) Informant MR. Walter W Roos

(b) Address RR GASHLAND, MO

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

(c) Place: burial or cremation Barry Cem.

18. (a) Signature of funeral director Morton Smith

(b) Address 832 Armour Rd KC.

19. (a) May 20th 47 (Date received local registrar) (b) Beulah Kitchen (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 18 year 1947 hour 6:31 minute A M.

21. I hereby certify that I attended the deceased from April 15, 1947, to May 17, 1947, that I last saw her alive on May 17, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Mediastinal Carcinoma — Duration 1 1/2 yrs.

Due to —

Due to —

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

Major findings: Of operations — UNF

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 — 2

23. Signature Otto Reisman (M. D. or other) D.O.

Address 1345 Grand Ave Date signed May 19-47

KC Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-9-47

JUN 11 1947

JUN 11 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 Chester L. Young, Registered Apprentice No. 447, working under my personal supervision.

Signed Theron O. Smith

Licensed Embalmer No. 3928

P. O. Address N. K. C. 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.**