S. No. 2
OM—5-43
v. 5-17-39
No. I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 25 1947

Registration District No. 746

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5568

34795

State File No.

Registrar's No. 311

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Cement City Road /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
(Specify whether
In this community 40 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Rural # 1 0
(If outside city or town limits, write "RURAL")

(d) Street No. Cement City Road 0
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME Maggie Ralston

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Fe /

5. Color or race Wh.

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Benjamin Ralston

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

7. Birth date of deceased June (Month) 18 (Day) 1858 (Year)

8. AGE: Years 89 Months 3 Days 27 If less than one day ✓ hr. ✓ min.

9. Birthplace St. Francisville (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation House wife

11. Industry or business at Home

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Mr. Kenneth Ralston
(b) Address Indep. Mo. Rt # 4

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 (Month) 18 (Day) 47 (Year)
(c) Place: burial or cremation Mound Grove Cem

18. (a) Signature of funeral director Alt + Mitchell
(b) Address Independence, Mo.

19. (a) 10-17-47 (Date received local registrar) (b) [signature] (Registrar's signature) 25 17

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15 year 1947 hour minute M.

21. I hereby certify that I attended the deceased from Oct. 1, 1947, 19, to Oct. 15, 1947; that I last saw her alive on Oct. 15, 1947, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	2 days
Due to Chronoc Myocarditis	5 yrs.
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?
(Specify type of place)

While at work? (e) Means of injury 2

23. Signature [signature] (M.D. or other)

Address Indep. Mo. Date signed 10-16-47

(Licensed Embalmer's Statement on Reverse Side)

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 R. Alan Griffith, Registered Apprentice No. 451, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 3156

P. O. Address [illegible] 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.