

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37292

State File No.

FILED DEC 3 1947

Registration District No. 77

Primary Registration District No. 3008

Registrar's No. 408

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital No. 1
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution 11 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME JOSEPH BROCE RAGAN

3. (b) If veteran, name war 1. 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 Mary Elizabeth Ragan 6. (c) Age of husband or wife if alive DK years

7. Birth date of deceased: Month 8 Day 18 Year 1869

8. AGE: Years 78 Months 8 Days 9 If less than one day hr. 0 min. 0

9. Birthplace Lewis County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

MOTHER FATHER

12. Name William Ragan

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

14. Maiden name Minerva Hamilton

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

16. (a) Informant State Hospital Records
(b) Address Fulton, Missouri

17. (a) Burial (b) Date thereof 11 19 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leysistown Cemetery

18. (a) Signature of funeral director Glen G. Mangum

(b) Address 712 Court Fulton, Mo.

19. (a) 11-18-1947 (b) Josie Moscomb
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis 14
(c) City or town Lewis town 1
(If outside city or town limits, write "RURAL") 2
(d) Street No. Star Route
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 17
year 1947 hour 8:30 minute A M.

21. I hereby certify that I attended the deceased from November 6, 1947, to November 17, 1947;
that I last saw him alive on November 17, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Duration

Due to
Due to

Other conditions Chronic Alcoholism Heart
(Include pregnancy within 3 months of death)

Major findings: Diarrhea
Of operations
Of autopsy
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) (c) Means of injury
Signature R.P. Price M.D.
By Dr. W. M. ...
Address Fulton, Missouri (M. D. or other)
Date signed 17 November 47

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed DEC 2 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Glen Y. Maupin
Licensed Embalmer No. 2725
P. O. Address Fulton, 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.