

No. 300
10-47
5-17-39
I 3904

FILED APR 21 1948
Registration District No. **127**

Primary Registration District No. **3028**

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

1. PLACE OF DEATH:

(a) County **Jasper**

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

(c) Name of hospital or institution:
McCune-Brooks Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 week** (Specify whether years, months or days)

In this community **78 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper 49**

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

(d) Street No. **601 Lyon St.** (If rural, give location) **3**

(e) Citizen of foreign country? **no** (Yes or No) **0**

If yes, name country **---**

3: (a) PRINT FULL NAME **CHARLES E. RALSTON**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

4. Sex **male 0**

5. Color or race **white**

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

6. (b) Name of husband or wife **Nellie Ralston**

6. (c) Age of husband or wife if alive **69** years

7. Birth date of deceased **December 14 1868**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	3	12	hr. min.

9. Birthplace **unknown Illinois /**
(City, town, or county) (State or foreign country)

10. Usual occupation **retired police judge**

11. Industry or business **--**

12. Name **Wesley Ralston**

13. Birthplace **Plymouth Illinois /**
(City, town, or county) (State or foreign country)

14. Maiden name **Charlotte Wade**

15. Birthplace **unknown Tennessee /**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Nellie Ralston**

(b) Address **601 Lyon St, Carthage, Mo**

17. (a) **burial** (Burial, cremation, or removal)

(b) Date thereof **Mar. 29, 1948**
(Month) (Day) (Year)

(c) Place: burial or cremation **Dudman Cemetery**

18. (a) Signature of funeral director **Knell Mortuary**

(b) Address **Carthage, Missouri**

19. (a) **3-29-48** (Date received local registrar)

(b) **L. B. Clenton** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **26**
year **1948** hour **10** minute **25** a.m.

21. I hereby certify that I attended the deceased from **March 21, 1948** to **March 26, 1948**
that I last saw him alive on **March 26, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Blindness Right eye** Duration **11/6**
release

Due to **Scurvy**

Due to **---**

Other conditions **Fell + broke left hip 3-20-48**
(Include pregnancy within 3 months of death)

Major findings: **ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED**

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)

Means of injury **---**

23. Signature **L. B. Clenton** (M. D. or other) **---**

Address **Carthage Mo** Date signed **3-29-48**

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 Frank W. Kneel Jr

Licensed Embalmer No. 4440

P. O. Address Carthage

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.

Registration District No. 157

Primary Registration District No. 3028

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(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 Charles E. Ralston

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased Dec 14
(Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days _____ (less than one day)
hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 26
year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to Train / Home going to town
Due to just fell over

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) accident
(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 _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

S-13068