No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 24 1948

Registration District No. 9 39

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5536

State File No. 26090

Registrar's No. 76

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

1. PLACE OF DEATH:
(a) County HOLT
(b) City or town OREGON-Rural
(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 PASSING THROUGH
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County 999
(c) City or town WASHINGTON D. C. 49
(If outside city or town limits, write "RURAL")
(d) Street No. 7600 ALASKAA AVE. 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 9
If yes, name country .....

3. (a) PRINT FULL NAME ARTHUR RATASEP
3. (b) If veteran, name war .....
3. (c) Social Security No. 123-01-0988
4. Sex MALE 0
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED 1
6. (b) Name of husband or wife LEILA RATASEP
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased FEBRUARY (Month) 8 (Day) 1900 (Year)

8. AGE: Years 48 Months 5 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace TARTER (City, town, or county) ESTONIA (State or foreign country) 47
10. Usual occupation MASSEUR
11. Industry or business .....
FATHER
12. Name UNKNOWN
13. Birthplace ..... (City, town, or county) ESTONIA (State or foreign country) X
MOTHER
14. Maiden name UNKNOWN
15. Birthplace ..... (City, town, or county) UNKNOWN (State or foreign country) 9
16. (a) Informant MRS. LLOYD MENG
(b) Address OREGON, MISSOURI
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG. 6, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation ST. JOSEPH, MISSOURI
18. (a) Signature of funeral director James H. Pittyjohn
(b) Address Oregon Mo.
19. (a) 5-6-48 (Date received local registrar) (b) J Clary (Registrar's signature) 122

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 2, year 1948 hour 6 minute 20 P.M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h.. ~~alive on~~ ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CONCUSSION OF BRAIN	IMMEDIATE
Due to CHEST CAVED IN	"
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy NO.

PHYSICIAN
Underline the cause of 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 (CAR)
(b) Date of occurrence Aug 2, 48.
(c) Where did injury occur? Oregon, Mo. 5 Mi. E! (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway # 275 (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature H. E. Collins D.O. (M.D. or other)
Address Oregon, Mo. 2 Date signed Aug 5 48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) Coll. [illegible] CORONER HOLT CO.

FEB 9 1949

SEP 9 1948

APR 26 1949

SEP 8 1948

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 James K. Pettijohn

Licensed Embalmer No. 3192

P. O. Address Osgan 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.