No. 2
—5-43
-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35770

FILED DEC 1 1948

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 386

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution: Poplar Bluff Hosp. O
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler 12

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

(d) Street No. 1½ mi S. on Hi-way 60 O
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Herbert Raleigh Ragsdale, Jr.

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

4. Sex Male O 5. Color or race White (a) Single, widowed, married, divorced Single O

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

7. Birth date of deceased July 3, 1948 (Month) (Day) (Year)

8. AGE: Years — Months 4 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace Poplar Bluff, Mo (City, town, or county) O (State or foreign country)

10. Usual occupation

11. Industry or business Baby.

MOTHER FATHER

12. Name Herbert R. Ragsdale

13. Birthplace Poplar Bluff, Mo. O (City, town, or county) (State or foreign country)

14. Maiden name Loreny Nelson

15. Birthplace Wayne Co., Mo. O (City, town, or county) (State or foreign country)

16. (a) Informant H. R. Ragsdale

(b) Address Poplar Bluff, Mo.

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 11-9-48 (Month) (Day) (Year)

(c) Place: burial or cremation Meadlawn – Poplar Bluff, Mo.

18. (a) Signature of funeral director Frank Cottrell

(b) Address Poplar Bluff, Mo.

19. (a) 11-22-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8 year 1948 hour 7:45 minute A.M.

21. I hereby certify that I attended the deceased from 11-1, 1948, to 11-8, 1948, that I last saw him alive on 11-8, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 107

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) O

While at work? (e) Means of injury

22. Signature Gordon O. Henrickson M.D. or Coroner

Address Poplar Bluff Mo. Date signed 11/22/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1148-1524
Date Filed 11-30-48

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 Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed Scott A. Colnett

Licensed Embalmer No. 3567

P. O. Address Poplar Bluff, 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.