

FILED APR 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13314

BIRTH NO. _____ REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 4398 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Pemiscot				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri Mo b. COUNTY Pemiscot			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holland		c. LENGTH OF STAY (In this place) 26		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holland		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence Holland				3. NAME OF DECEASED a. (First) Hattie. Ratterree b. (Middle) _____ c. (Last) _____			
4. DATE OF DEATH (Month) (Day) (Year) April 13 1949		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH Dec 16 1860		9. AGE (In years last birthday) 89		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) Nashville Tenn				12. CITIZEN OF WHAT COUNTRY? Usa			
13a. FATHER'S NAME Unobtainable		13b. MOTHER'S MAIDEN NAME Martha Coffee		14. NAME OF HUSBAND OR WIFE Alonza Ratterree (Deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Holland. Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7947			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 1948 , to 4/13, 1949 , that I last saw the deceased alive on 4/13, 1949 , and that death occurred at 6 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Inscribed or title) McCallahan D. A. Steele, Mo				23b. ADDRESS Steele, Mo		23c. DATE SIGNED 4/15/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/15/49		24c. NAME OF CEMETERY OR CREMATORY Mt. Zion		24d. LOCATION (City, town, or county) (State) Steele Mo.	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE S. L. Robinson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Holt Funeral Home Inc Blytheville Ark			

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

L.S. (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~~ Me

Student Embalmer No. _____

working under my personal supervision. This body was ~~embalmed~~ embalmed in Arkansas

Signed _____

E. M. Hoef.

Signed _____
Student Embalmer

Licensed Embalmer No. 4454 Arkansas 66

P. O. Address Blytheville Ark

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.