

No. 2
-2-43
-17-39
X29697

FILED JAN 12 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 61

Primary Registration District No. 4107

Registrar's No. 54

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town El Dorado Spring, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: X X
(If not in hospital or institution, write street number or location)

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

In this community X

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cedar

(c) City or town El Dorado Spring, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 1009
(If rural, give location)

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

If yes, name country: X X

3. (a) PRINT FULL NAME John Milton Ralston

3. (b) If veteran, name war: X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day # 23 year 1945 hour 10:30 minute 36 P M.

21. I hereby certify that I attended the deceased from Nov 1945 to Oct 23, 1945 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife 59 6. (c) Age of husband or wife if alive X X X years

7. Birth date of deceased: April 13 1867
(Month) (Day) (Year)

Immediate cause of death: Heart Attack

Due to: Angina pectoris

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>6</u>	<u>22</u>	<u>X</u> hr. <u>1</u> min.

Due to: _____

Due to: _____

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

Other conditions (Includes pregnancy within 3 months of death): _____

10. Usual occupation Barber

Major findings: _____

11. Industry or business Caplingers Mills

Of operations: APC

12. Name William Ralston

Of autopsy: _____

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

14. Maiden name Sarah Constock

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

16. (a) Informant Frank Milton Ralston

(b) Address 820 - Walnut St. Phila Pa

17. (a) Burial (b) Date thereof 10-30-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caplingers Mills

18. (a) Signature of funeral director Church & Neal

(b) Address Stockton, Mo

19. (a) 12/12/45 (b) J. C. Brown
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): AD

(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 L. Y. Dunaway (M. D. or other) _____

Address El Dorado Spring, Mo Date signed 10/24/45

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

1635

RECEIVED

Case No. 7,

12-45-1322

Date filed 1-11-46

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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Jan
Registrar's No. 54

Registration District No. 61 Primary Registration District No. 4107

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town El Dorado Springs
(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 John M. Ralston
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race w
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 1, 1866
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER { 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) _____ (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (Date received local registrar) (b) A. C. Brunner (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 _____ Day _____ Year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____ 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 _____

Due to _____

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) _____

(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

40885