

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D NOV 1 1938

MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

34827
 Do not use this space.
 4163

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 588
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 4053 Central Registered No. _____
 (e) Length of residence in city or town where death occurred 14 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 525 William C. Ransom
 2. PRINT FULL NAME
 (a) Residence, No. 4053 Central St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Florence M. Ransom

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 6, 1864

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>74</u>	<u>9</u>	<u>18</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. District Salesman

9. Industry or business in which work was done, as saw mill, bank, etc. Murphy Bed Co.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER

13. NAME William Z. Ransom

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER

15. MAIDEN NAME Sarah Robinson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vermont

17. INFORMANT (ADDRESS) Florence H. Ransom
4053 Central

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 10-26-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Freeman Mortuary
Kansas City, Missouri

20. FILED 10-25 1938 M. M. Crave
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-24-38 1938

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1938, to Oct. 24, 1938
 I last saw him alive on Oct. 24, 1938 Death is said to have occurred on the date stated above, at 8 p. m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Prostate 1938
51 C
 Date of onset _____
 Other contributory causes of importance: Metastases to liver Oct. 1938

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) W. H. Washington M. D.
 (Address) 1500 Professional Bldg

Fr. Harberger
Prop. Body

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,

James Freeman

or by

Registered Apprentice No., working under my personal supervision

Signed

James Freeman

Licensed Embalmer No. *2939*

P. O. Address *H. C. Smith*

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, above space should be left blank.