

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.

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

REC'D JUN 22 1939

19560
Do not use this space.

1. PLACE OF DEATH

(a) County... Randolph Registration District No. 735
 (b) Township... Sugar Creek Primary Registration District No. 8034 Registered No. 97
 (c) City... Moberly (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 12 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henry Verness Ransdell

(a) Residence, No. 414 Harrison Ave. 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 Nona Ethel Ransdell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28, 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 2 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Trucker
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) April 1939 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Randolph County (STATE OR COUNTRY) Mo.

FATHER 13. NAME Buck Ransdell

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

MOTHER 15. MAIDEN NAME Hulda Harris

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

17. INFORMANT Mrs. Nona E. Ransdell (ADDRESS) 414 Harrison Ave. Moberly Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hagar Cemetery DATE May 13, 1939

19. FUNERAL DIRECTOR (NAME) Snow Funeral Home (ADDRESS) Moberly Missouri

20. FILED May 13 1939 Seale Wallace Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 11th 1939 to May 11 - 39, 1939
 I last saw him alive on May 11 - 39. Death is said to have occurred on the date stated above, at 11.0 A.M.
 The principal cause of death and related causes of importance were as follows:

Right Lobar Pneumonia Jaundice

Other contributory causes of importance: 108

Name of operation None Date of 2/25
 What test confirmed diagnosis? Cholera Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide Yes 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?
 If so, specify Yes
 (Signed) Dr. E. Huber, M. D.
Moberly, Mo. (Address)

RECEIVED

District Health Officer No. 10

District File Number *12-38-1210*

Date Filed *JUN 10 1939*

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 *myself*
and R. M. Carter, Registered Apprentice No. *185*
working under my personal supervision.

Signed *Thomas G. Barnes*

Licensed Embalmer No. *2414*

P. O. Address *Woburn, 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, above space should be left blank.