

NOV 14 1939 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

34867
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson, Registration District No. _____
 (b) Township Kaw, Primary Registration District No. _____
 (c) City Kansas City, Mo., (d) Street No. 4315 McGee, 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sidney J. Ranger, 526

(a) Residence, No. 4315 McGee, 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 Margaret L. Ranger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 3 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Practitioner
 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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England U

FATHER 13. NAME Morris Ranger 4
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 9

MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Margaret Ranger
4315 McGee, K. C., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation DATE 10-9, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) ELMWOOD C.F.M.,
Stine & McClure,
3235 Gillham Plaza, K. C., Mo.

20. FILED 10-4, 1939 M. M. Crowe
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 3, 1939

22. I HEREBY CERTIFY That I attended deceased from _____, 19____
 I last saw him _____, 19____. Death is said to have occurred on the date stated above, at 1:40 a.m.
 The principal cause of death and related causes of importance were as follows:

Acute atherosclerosis
Narrowing of coronary artery
Acute coronary congestion
 Other contributory causes of importance:
Edema of the brain 9.2.39

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

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?
 If so, specify _____
 (Signed) William H. Hunter M. D.
 (Address) K. C., Mo.

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.

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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 E. M. Plouffe

Licensed Embalmer No. 1848

P. O. Address: Kansas City, 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.