

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

39867  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 403

(b) Township Brooking Primary Registration District No. 5557 Registered No. \_\_\_\_\_

(c) City Raytown (d) Street No. R.F.D. #2 Kansas City, Mo. 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 0 yrs. 5 mos. 4 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Bennie Julius Ranum

(a) Residence, No. R.F.D. #2 Kansas City, Mo. St.  (If nonresident, give city or town and State)

**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 Anna Mathilda Ranum  
(BY WIFE OF)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16, 1877

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

<u>62</u>	<u>7</u>	<u>21</u>	
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OCCUPATION

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

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 Life

12. BIRTHPLACE (CITY OR TOWN) Grant County,  
(STATE OR COUNTRY) Wisconsin.

FATHER

13. NAME Nels Knute Ranum

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

MOTHER

15. MAIDEN NAME Marit Gilbertson

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

17. INFORMANT Anna M. Ranum  
(ADDRESS) R.F.D. #2 Kansas City, Mo.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL to Mr. Foreb. Hill.  
PLACE DATE Dec 10, 1939

19. FUNERAL DIRECTOR (NAME) Charles H. Taylor  
(ADDRESS) Raytown, Mo.

20. FILED 12-8, 1939  
McClure  
Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-7, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1939 to 12-7-39, 19\_\_\_\_

I last saw him live on 12-7-39, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 6:45 AM.

The principal cause of death and related causes of importance were as follows:  
CARCINOMA OF BLADDER  
SECONDARY HEMEMIA.

Date of onset 51

Other contributory causes of importance:  
CARCINOMA OF BLADDER

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Biopsy Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? NO 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) A. J. Hoffman, M. D.  
Raytown, Mo.  
365 (Address)

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 .....

Licensed Embalmer No. ....

P. O. Address .....

**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.**