DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42283

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4692

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1320 Locust (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 31 Yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 1320 Locust St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Nelle Mae Ranck 520

3. (b) If veteran, name war No

3. (c) Social Security No. no

4. Sex fe.

5. Color or race wh.

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife C. H. Ranck

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Mar. (Month) 16 (Day) 1871 (Year)

8. AGE: Years 68 Months 8 Days 22 If less than one day hr. min.

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

10. Usual occupation Nurse

11. Industry or business No

FATHER
12. Name Mose J. Teeters
13. Birthplace Canada (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emiline Grassfield
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edith M. Morrison

(b) Address 4514 Garfield Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 12 39 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address 1800 Linwood K.C. Mo.

19. (a) Dec 11, 1939 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day 12-8-39

year hour minute M.

21. I hereby certify that I attended the deceased from 9:30 P.M. Deputy Coroner, 19, to , 19;

that I saw h alive on , 19;

and that death occurred on the date and hour stated above.

Immediate cause of death

Due to 1°-2°-3° burns of face, body & extremities

Due to Conflagration 18°

Other conditions (Include pregnancy within 3 months of death) 1°

Major findings:
Of operations

Of autopsy

Duration

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) Accident

(b) Date of occurrence 12-8-39

(c) Where did injury occur? K.C. (City or town) (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address K.C. Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

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.

1 X19511

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.