

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **17372**
Registrar's No. **1899**

Registration District No. **399** Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County Jackson, r
(b) City or town Kansas City,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4017 Agnes, **2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NO. (Specify whether
In this community. Unknown,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson,
(c) City or town Kansas City,
(If outside city or town limits, write "RURAL")
(d) Street No. 4017 Agnes,
(If rural, give location)
(e) If foreign born, how long in U. S. A. 54 years. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5,
year 1940 hour 5:45 minute P. M.
21. I hereby certify that I attended the deceased from
Dec. 10 1938 to May 5 1940
that I last saw h. er alive on May 5 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Generalized Carcinomatous
Primary - Probably
in Breast - 50
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Duration

Physician

Physician

Underline the cause to which death should be charged statistically.

Major findings:
Of operations
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury
23. Signature W. C. Cress (M. D. or other) MD
Address 525 Poplar St Date signed

3. (a) PRINT FULL NAME Mrs. Mary Addison Ransdell, **503**

3. (b) If veteran, name war No. No. 3. (c) Social Security No. No. No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed,

6. (b) Name of husband or wife John S. Ransdell, 6. (c) Age of husband or wife if alive years

7. Birth date of deceased September 10, 1865.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 7 25 hr. min.

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

10. Usual occupation at home,

11. Industry or business X

12. Name Edward Addison,

18. Birthplace Ireland, (City, town, or county) (State or foreign country)

14. Maiden name Ellen -

15. Birthplace Ireland, (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Edward Addison,

(b) Address 4019 Harrison, Kansas City, Mo.

17. (a) Burial, (b) Date thereof 5-7-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cemetery,

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.
May 6, 1940

19. (a) (Date received local registrar) (b) M. M. Brown (Registrar's signature)

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

Dr. Classen.

Prof. Reed

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. Plank*.....

Licensed Embalmer No. *1848*.....

P. O. Address *W. C. 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.