

Registration District No. 1

Primary Registration District No. 5-216

Registrar's No. _____

RECEIVED SEP 16 1940

1. PLACE OF DEATH

(a) County Cass
 (b) City or town Rural Camp Branch
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location) 2
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days) 570

3. (a) PRINT FULL NAME Elsworth L. Ranshaw

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

4. Sex M 5. Color or race Wh 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Oct 9 1881
 (Month) (Day) (Year)

8. AGE: Years 58 Months 10 Days 15 If less than one day hr. _____ min. _____

9. Birthplace Cumberland Co Pa
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Ranshaw

13. Birthplace Perry Co Pa
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Rice

15. Birthplace Perry Co Pa
 (City, town, or county) (State or foreign country)

16. (a) Informant E. M. Ranshaw

(b) Address Harrisonville MO

17. (a) Burial (b) Date thereof Aug 25 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clearfork Cemetery

18. (a) Signature of funeral director A. O. Hatcher
 (b) Address East Nym MO

19. (a) 8-25-40 (b) Effie Stone
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass
 (c) City or town Rural East Lynes
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location) _____
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 22
 year 1940 hour 2 minute P.M.

21. I hereby certify that I attended the deceased from July 6 1939 to Aug 22 1940
 that I last saw him alive on Aug 22 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the bladder

Due to General debility & Cardiac exhaustion

Due to _____

Other conditions (Include pregnancy within 3 months of death) 51

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 James S. King (M. D. or other) _____
 Address Harrisonville MO Date signed 8/23/40

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

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.