

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **4774**

Registration District No. **903**

Primary Registration District No. **4545**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **North**  
(b) City or town **Grant city**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **30 yrs** (Specify whether years, months or days)  
In this community: **30 yrs**

8. (a) PRINT FULL NAME **KITTIE BELL RANKEN**

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **None**

4. Sex **♀** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Wm Andrew Ranken** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Sept 22 1857**  
(Month) (Day) (Year)

8. AGE: Years **83** Months **3** Days **22** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Unknown** (City, town, or county) **Ill.** (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

12. Name **John Armstrong**

13. Birthplace **Ill.** (City, town, or county) (State or foreign country)

14. Maiden name **Mary Morris**

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

16. (a) Informant **Harry Ranken**

(b) Address **Albany Mo.**

17. (a) **Burial** (b) Date thereof **1-15-1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wagon Chapel**

18. (a) Signature of funeral director **John C. Duffell**

(b) Address **Grant City, Mo.**

19. (a) **Jan 15, 1941** (b) **Clifford Hays**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **North** **113**  
(c) City or town **Grant city** **1**  
(If outside city or town limits, write "RURAL") **0**  
(d) Street No. \_\_\_\_\_ (If rural, give location) **0**  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **1** day **14**  
year **41** hour **300** minute **20** M.

21. I hereby certify that I attended the deceased from **1** to **1-14**, 19**41**;  
that I last saw her alive on **1-13**, 19**41**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive Heart disease 2 yrs**

Due to **✓**

Due to **✓**

Other conditions **✓**  
(Include pregnancy within 3 months of death)

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? **✓**

(Specify type of place) **✓**  
While at work \_\_\_\_\_ (e) Means of injury **✓**

23. Signature **Thos M. D.**

Address **Grant City Mo** Date signed **1-14-41**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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 Arch C. Dumble  
Licensed Embalmer No. 3252

P. O. Address St. Louis, 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.**