S. No. 2
—4-13-40
. 5-17-39
I X2315

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24525

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. [illegible]

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

1. PLACE OF DEATH:

(a) County Buchannan

(b) City or town St. Joseph Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 404 So. 17 none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community ~~Whole Life~~ 20 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchannan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 404 So. 17 St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Fred D. Ransom

3. (b) If veteran, name war none

3. (c) Social Security No. no

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife Alberta Ransom

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased April (Month) 18 (Day) 1876 (Year)

8. AGE:

Years	Months	Days	If less than one day
65	2	19	____ hr. ____ min.

9. Birthplace Savonah (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Janitor

11. Industry or business none

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Alberta Ransom
(b) Address 404 So. 17th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/11 (Month) (Day) 1941 (Year)
(c) Place: burial or cremation Ashland County

18. (a) Signature of funeral director Ramsey & Son Mort
(b) Address 1602 Messanie St

19. (a) July 10 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7/1941
year 1941 hour 10 minute 40 A.M.

21. I hereby certify that I attended the deceased from May 9, 1941, to July 7, 1941
that I last saw him alive on July 6, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Regurgitation 13 yrs

Due to —

Due to —

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

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)
(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 J D Sexton (M. D. or other) M.D.
Address 525 So. 16th Date signed 7-10-41

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

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 me

....., Registered Apprentice No.....

working under my personal supervision.

Signed I. F. Ramsey

Licensed Embalmer No. 4081.

P. O. Address St Joseph 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, fact should be so stated above.