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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 13 1941

Registration District No. 175

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35946

Primary Registration District No. 6020-a

Registrar's No. 71

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Bonne Terre
(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 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Francois
(c) City or town Desloge
(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.

3. (a) PRINT FULL NAME Barbara A. Ransom
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. (Month) 19 (Day) 1941 (Year)

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

9. Birthplace Bonne Terre (City, town, or county) Mo. (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name Harry W. Ransom
13. Birthplace Desloge (City, town, or county) Mo. (State or foreign country)
14. Maiden name Myra J. Bone
15. Birthplace St. Francois (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Harry Ransom
(b) Address Desloge, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 20, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation St. Francois Memorial Park
18. (a) Signature of funeral director C. Z. Bayer
(b) Address Desloge, Mo.
19. (a) Oct. 22 1941 (Date received local registrar) (b) N. W. Hawkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 19 year 1941 hour 3 minute 20 P. M.
21. I hereby certify that I attended the deceased from 10-19, 1941, to 10-19, 1941; that I last saw her alive on 10-19, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Premature Birth
Due to Preeclamptic Eclampsia
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 159
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 E. L. Utterback (M. D. or other)
Address Farmington, Mo. Date signed 10-22-41

(Licensed Embalmer's Statement on Reverse Side)

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 C. G. Boyer.

Licensed Embalmer No. 1671

P. O. Address Desloge Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.