

Registration District No. 411

Primary Registration District No. 2002

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1902 Trenton Ave;
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether)

In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin Mo;
(If outside city or town limits, write "RURAL")

(d) Street No. 1902 Park Ave;
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country No

3. (a) PRINT FULL NAME Omer Benson Ransom

3. (b) If veteran, name war Spanish American

3. (c) Social Security No. 491-01-2953

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May, day 15, 1942
year 12-45 hour A. Minute M.

4. Sex male

5. Color or race white

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

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

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased May 16, 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 5, 1942 to May 15, 1942
that I last saw him alive on May 15, 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 57 Months 11 Days 29
If less than one day
hr. min.

Immediate cause of death.....
Due to Right Coronary Artery Occlusion, 1 day

9. Birthplace Humansville Mo;
(City, town, or county) (State or foreign country)

10. Usual occupation Welder,

Due to Chronic Valvular Heart

Other conditions 2773
(Include pregnancy within 3 months of death)

11. Industry or business.....

MOTHER FATHER { 12. Name Martin J. Ransom,

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

14. Maiden name Flora White,

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

Major findings:
Of operations.....
Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mabel Ransom

(b) Address 1902 Trenton, Joplin Mo;

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-17-42
(Month) (Day) (Year)

(c) Place: burial or cremation Ocean Memorial Hurlbut Und. Co;

18. (a) Signature of funeral director Joplin Mo;

(b) Address Joplin Mo;

19. (a) 5-15-42 (Date received local registrar) (b) Husted Susholter (Registrar's signature)

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..... (c) Means of injury.....

23. Signature J. E. Thompson (M. D. or other)
Address 908 S. 3rd St. Joplin Mo Date signed May 15-42

42-5-456

JUN 12 1942

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..... *Perry T. Shulkes*

Licensed Embalmer No. *959*

P. O. Address *Japan Hill*

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.