S. No. 2
—9-4-41
5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

34746

State File No.

FILED NOV 3 1943

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 881

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 528 E. Pine/Str (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether
In this community ✓ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield (If outside city or town limits, write "RURAL")
(d) Street No. 528 E Pine Str. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Wallace Ransom Sr
3. (b) If veteran, name war Unk.
3. (c) Social Security No. 491-05-0049
4. Sex Male
5. Color or race 2 Col.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sophia Ransom
6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased October (Month) 4th (Day) 1878 (Year)

8. AGE: Years 65 Months 0 Days 21 If less than one day hr. min.
9. Birthplace Unk. (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation Janitor
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace Unk. (City, town, or county) " Unk. (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unk. (City, town, or county) " " Unk. (State or foreign country)
16. (a) Informant Phillip Ransom
(b) Address 925 E. Lynn
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-27-43 (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood Cem
18. (a) Signature of funeral director W. P. Campbell
(b) Address 864 Washington, Spfd, Mo.
19. (a) 10-26-43 (Date received local registrar) (b) Dr W. E. Hartley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26th year 1943 hour 4 minute 30 A. M.
21. I hereby certify that I attended the deceased from October 5th, 1943, to October 25th, 1943 that I last saw him alive on October 24th, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Right Hemiplegia & Bulbar Paralysis
Due to Chronic Interstitial Nephritis
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 James B. Clark (M. D. ~~or other~~)
Address 716 Benton Date signed 10-26-43

(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 W. P. Campbell, Registered Apprentice No. ..... working under my personal supervision.

Signed W. P. Campbell

Licensed Embalmer No. 1747

P. O. Address Springfield 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.