

DEPARTMENT OF COMMERCE
BUREAU OF HEALTH CONTROL
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13330
Registrar's No. 1922

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: Wheatley Hospital
(d) Length of stay: In hospital or institution 2 hours
In this community 34 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 2438 Park Avenue
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Cleveland Ransburg
3. (b) If veteran, name war No
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 20
year 1946 hour 11 minute P M.

4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elnora Ransburg
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased August 12, 1899

21. I hereby certify that I attended the deceased from April 20, 8:45 P.M. 1946 to April 20, 10:10 P.M. 1946
that I last saw him alive on April 20, 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Acute Pulmonary Edema

8. AGE: Years Months Days If less than one day
46 8 8 hr. min.

Due to Massive Cerebral Hemorrhage
Due to Cerebral Arteriosclerosis
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 8/3 W
Of autopsy As above

9. Birthplace Houston Texas

10. Usual occupation Businessman

11. Industry or business Cafe

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

16. (a) Informant Elnora Ransburg
(b) Address 2438 Park Ave.

17. (a) Burial (b) Date thereof 4/27/46
(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director [Signature]
(b) Address 1729 Lydia Ave.
19. (a) 4-25-46 (b) Sheraldine Hobbs

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury
Signature [Signature] (M. D. Registrar)
Address 820 Olive Date 4/29/46

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

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 J. James Manlowe
Licensed Embalmer No. 3994
P. O. Address 2505 Highland

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.