

S. No. 2  
M-5-43  
5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15821  
Registrar's No. 585

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Charles Hotel  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 1 month years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State California (b) County Santa Clara  
(c) City or town San Jose  
(If outside city or town limits, write "RURAL")  
(d) Street No. AA Geroge Street  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Elton LeRoy Ransom  
3. (b) If veteran, name war World War 2  
3. (c) Social Security No. 708-10-1932

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 17  
year 1946 hour 2 minute A. M.  
21. I hereby certify that I attended the deceased from viewed  
May 17th 1946, to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex male  
5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Beulah Ransom  
6. (c) Age of husband or wife if alive 32 years  
7. Birth date of deceased May 14 1912  
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions none  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
34 0 3 hr. min.  
9. Birthplace Talmdige Iowa  
(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.

10. Usual occupation U. S. Army  
11. Industry or business \_\_\_\_\_  
12. Name Jay A. Ransom  
13. Birthplace Girard Kansas  
(City, town, or county) (State or foreign country)  
14. Maiden name Maye M. Harris  
15. Birthplace Monte Vista Colo.  
(City, town, or county) (State or foreign country)  
16. (a) Informant Mr. Jay A. Ransom  
(b) Address 914 Faraon  
17. (a) burial (b) Date thereof 5/21/46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Memorial Park  
18. (a) Signature of funeral director Walter Beulah & Bowman  
(b) Address St. Joseph Mo.  
19. (a) May 20 1946 (b) A. [Signature]  
(Date received local registrar) (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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature B. W. Tadlock Coroner 3  
(M. D. or other) \_\_\_\_\_  
Address King Hill Bldg Date signed 5/17/46

34 (Licensed Embalmer's Statement on Reverse Side)

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

JUN 4 1946

JUN 6 1945

SEP 9 1946

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 Raymond W. Howland  
Licensed Embalmer No. 4413  
P. O. Address 319 So 10th 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.