

S. No. 2
00M-2-43
ev. 5-17-39
I X35897

Johnson

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12165

Registration District No. 387

Primary Registration District No. 4575-

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Sullivan
(b) City or town Milan
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 90 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sullivan¹⁰⁵
(c) City or town Milan (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frances M. 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 widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased Feb 24 1856 (Month) (Day) (Year)

8. AGE: Years 90 Months 0 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation house wife

11. Industry or business _____

MOTHER FATHER

12. Name Jackson Morgan
13. Birthplace Sullivan Co (City, town, or county) Mo (State or foreign country)
14. Maiden name Salinda Payne
15. Birthplace Sullivan Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant Jack Ransom
(b) Address Milan Mo

17. (a) burial (b) Date thereof 3/20/47 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oakwood

18. (a) Signature of funeral director Schauer
(b) Address Milan

19. (a) April 1-1947 (b) Max. H. B. Harris (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 19 year 1947 hour 8 minute P M.
21. I hereby certify that I attended the deceased from March 2 1947 to Mar. 19 1947 that I last saw her alive on March 19 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Influenza Duration 3 da.
Due to senile changes 3 mo.

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 338 Of autopsy _____
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? _____

While at work? _____ (Specify type of place) (c) Means of injury 2

23. Signature Johnson (M. D. or other) 100
Address Milan Date signed 3/19/47

320 (Licensed Embalmer's Statement on Reverse Side)

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

85
1
0

RECEIVED
District Health Officer No. 10
District No. 4:47:6#9
APR - 5 1947

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 Dwight Schauer

Licensed Embalmer No. 2667

P. O. Address Milam 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.