

FILED MAY 9 1947

Registration District No. 22947

Primary Registration District No. 5764

Registrar's No. 126

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Glenna D. Ransdell

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife ASA 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 16 1910
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
36 5 10 hr. min.

9. Birthplace Barry Ill
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Owen Ames

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

14. Maiden name Unknown

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

16. (a) Informant Asa Ransdell 7

(b) Address Ely Mo

17. (a) Burial (b) Date thereof 3-28-47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director James O'Donnell

(b) Address Hannibal Mo

19. (a) 4-9-47 (b) Uola Lee Deputy
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maxion 64
 (c) City or town Ely 0
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. Rural 0
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
 year 1947 hour _____ minute 2³⁰ a.m.

21. I hereby certify that I attended the deceased from Mar 15 1946 to March 26 1947;
 that I last saw h^r ER alive on March 8 1947;
 and that death occurred on the date and hour stated above.

Immediate cause of death CHRONIC ULCERATIVE TUBERCULOSIS Duration 3 yrs

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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? 2

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

Signature Harold J. Ellis (M. D. or other) D.O.

Address Monroe City Mo. Date signed 3-28-47

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

2
45
39
47077

101

MAY 13 1948

APR 30 1957

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 H. M. O'Connell

Licensed Embalmer No. 3889

P. O. Address Stannett 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.