

FILED SEP 4 1948

Registration District No. **149**

Primary Registration District No. **1002**

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

**1. PLACE OF DEATH:**  
 (a) County Jackson  
 (b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
2438 Park Avenue  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 40 Years  
(Specify whether years, months or days)

3: (a) PRINT FULL NAME Elnora Carter Ransburg  
 3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Cleve Ransburg 6. (c) Age of husband or wife if alive years  
 7. Birth date of deceased August 30, 1901  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>11</u>	<u>18</u>	hr. min.

9. Birthplace Houston, Texas  
(City, town, or county) (State or foreign country)

10. Usual occupation Safe Business

11. Industry or business Elnora's Cafe

MOTHER FATHER  
 12. Name Richard Carter  
 13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
 14. Maiden name Melinda Edwards  
 15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Davis

(b) Address 2438 Park Ave.

17. (a) Burial (b) Date thereof 8/24/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Hobbs' Bus.

(b) Address 1729 Lydia

19. (a) 8-21-48 (b) Geraldine Holme  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jackson **48**  
 (c) City or town Kansas City **3**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2438 Park Avenue **8**  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 18  
 year 1948 hour 7 minute A M.

21. I hereby certify that I attended the deceased from May 1948  
 19\_\_\_\_ to August 18, 1948  
 that I last saw her alive on August 18, 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to acute embolism of above condition

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
 Of operations 930  
 Of autopsy \_\_\_\_\_

Duration Short  
Mo  
**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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (c) Means of injury \_\_\_\_\_

23. Signature R. T. Tschery (M. D. or other) \_\_\_\_\_  
 Address 3850 Proff Date signed 8-26

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**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 Bruce Riley, Jr.  
Licensed Embalmer No. 4500  
P. O. Address 2516 Denton

**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.**