

S. No. 300  
M-10-47  
Rev. 5-17-39  
1 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

40727  
State File No. \_\_\_\_\_  
Registrar's No. 167

FILED JAN 10 1949  
Registration District No. 187

Primary Registration District No. 5696

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

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1. PLACE OF DEATH:  
(a) County Livingston  
(b) City or town Rural Jackson Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
18 miles northwest of Chillicothe  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 67 years  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Livingston  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 18 miles northwest of Chillicothe  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Edward Ranes  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month December day 21st  
year 1948 hour 10 minute A. M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Grace Eads  
6. (c) Age of husband or wife if alive 61 years  
7. Birth date of deceased October 21 1881  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

8. AGE: Years 67 Months 2 Days 0  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Chronic myocarditis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace Livingston County, MISSOURI  
(City, town, or county) (State or foreign country)  
10. Usual occupation Farming

Major findings: 937  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
12. Name Albert L. Ranes  
13. Birthplace Springhill, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Rosie Bailey  
15. Birthplace Harrison County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ed. Ranes  
(b) Address Chillicothe, Missouri

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof 12-23-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Jamesport, Missouri

(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 0

18. (a) Signature of funeral director Norman Funeral Home  
(b) Address Chillicothe, Missouri  
19. (a) Dec 23/48 (b) Frances O Neale  
(Date received local registrar) (Registrar's signature)

23. Signature Joseph F. Gale (M. D. or other)  
Address Chillicothe, Mo Date signed 12-23-48

MAR 21 1949

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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 Eaton J. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri

**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.**