

FILED OCT 31 1949

STANDARD CERTIFICATE OF DEATH

State File No. 34519
44

BIRTH NO. _____ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 5823 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <i>New Madrid</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Scott</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural New Madrid</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Likseston</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>No. 3</i>		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) <i>James</i>	b. (Middle) <i>Ransom</i>	c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) <i>Oct-11-1949</i>
--	---------------------------	-----------------	---

5. SEX <i>M</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <i>Jan 14 1943</i>	9. AGE (In years last birthday) <i>6</i>	if UNDER 1 YEAR Months <i>8</i>	if UNDER 24 Hrs. Days <i>26</i>
-----------------	-------------------------------	---	-------------------------------------	--	---------------------------------	---------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Child</i>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <i>Likseston, Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
--	---	---	--

13a. FATHER'S NAME <i>Tom Kinison</i>	13b. MOTHER'S MAIDEN NAME <i>Annice Hawks</i>	14. NAME OF HUSBAND OR WIFE _____
---------------------------------------	---	-----------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No.</i>	16. SOCIAL SECURITY NO. <i>No.</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Rosa Hawks</i>	ADDRESS <i>New Madrid, Mo.</i>
---	------------------------------------	---	--------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Baby was eating bread that had some rat poison</i>		INTERVAL BETWEEN ONSET AND DEATH <i>F. 8:19</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>had some rat poison</i>		
	DUE TO (c) <i>on it (Rat tip) died at 14.</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Once after I found it.</i>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------------	--	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>New Madrid Mo.</i>
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>72</i>
--	--	--------------------------------------

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Dr. H. H. ...</i>	23b. ADDRESS <i>New Madrid, Mo.</i>	23c. DATE SIGNED <i>Oct 11-49</i>
---	-------------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Oct 12-49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Sunset Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Likseston, Mo.</i>
---	----------------------------	---	---

DATE REC'D BY LOCAL REG. <i>10-19-49</i>	REGISTRAR'S SIGNATURE <i>Helene L. Jones</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Friends</i>	ADDRESS <i>New Madrid, Mo.</i>
--	--	---	--------------------------------

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

RECEIVED OCT 25 1949

District Health Office No. 2,

District File Number 1049-1076

Date Filed _____

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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student _____

Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.