

STANDARD CERTIFICATE OF DEATH

State File No. **8888**

No. 300
10-48

BIRTH **FIVE MAR 31 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **937**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 6 mon.	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hosp.		e. STREET ADDRESS (If rural, give location) 3415 Metropolitan	

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Katherine c. (Last) Ransom			4. DATE OF DEATH (Month) (Day) (Year) March I, 1954		
5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Feb. 7, 1946	9. AGE (In years last birthday) 8	10. IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHILD		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Robert F. Ransom	13b. MOTHER'S MAIDEN NAME Gladys Shaw	14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert F. Ransom Kansas City, Ks.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Thrombosis inferior veva cava and bilateral renal vein thrombosis DUE TO (b) DUE TO (c) Acute pancreatitis		INTERVAL BETWEEN ONSET AND DEATH
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Massive 3rd degree burn - 75% body surface		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g. in or about home, in factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas city wyandotte, Kans.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-5-53	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Clothing caught fire

22. I hereby certify that I attended the deceased from **8-13**, 19**51**, to **3-1**, 19**54**, that I last saw the deceased alive on **3-1**, 19**54**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE E. G. Neizer (Degree or title)	23b. ADDRESS 1420 So. 42 St. - K.C.K.	23c. DATE SIGNED 3-1-54
24a. BURIAL (CREMATION REMOVAL) (Specify) Burial	24b. DATE March 3, 54	24c. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery
24d. LOCATION (City, town, or county) (State) Kansas City, Kansas		

DATE REC'D BY LOCAL REG. 3-2-54	REGISTRAR'S SIGNATURE Steraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Simmons K.C.K.
---	--	---

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

How long
30 days

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 Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Max C. Meyer*

Licensed Embalmer No. *145*

P. O. Address *H. C. K.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.