

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

FILED OCT 17 1941
Registration District No. _____

Primary Registration District No. **6020**

Registrar's No. **61**

1. PLACE OF DEATH:
 (a) County St. Francois
 (b) City or town Southern R-1
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Francois
 (c) City or town Esther **094**
 (If outside city or town limits, write "RURAL")
 (d) Street No. Rural **0**
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____ **D**

3. (a) PRINT FULL NAME WILLIAM JAMES RANSOM
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept. day 14th
 year 1941 hour 8 minute 35 A.M.
 21. I hereby certify that I attended the deceased from 1930
 _____ 19 _____ to 9-14-1941 19 _____
 that I last saw him _____ alive on 9-13- 1941
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Elizabeth Ransom 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 36 1856
 (Month) (Day) (Year)

Immediate cause of death Arteriosclerosis nephritis
 Duration 12 days
 Due to arteriosclerosis **10 yrs**
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

8. AGE: Years 85 Months 1 Days 18 hr. _____ min. _____
 9. Birthplace South Carolina
 (City, town, or county) (State or foreign country)

10. Usual occupation Farming
 11. Industry or business _____
 12. Name James Ransom
 13. Birthplace South Carolina
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations none **12/8**
 Of autopsy none
PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Norman Ransom
 (b) Address Flat River, Mo
 17. (a) Burial (b) Date thereof Sept 16, 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Russell Chapel
 18. (a) Signature of funeral director Benjamin Ford Co
 (b) Address 313 Benton Avenue, Joplin Mo
 19. (a) Sept 24, 1941 (b) N. W. Hawkin
 (Date received local health officer) (Registrar's signature)

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?
 _____ (Specify type of place) _____
 While at work? _____ (e) Means of injury _____
 23. Signature W. G. [unclear] (M. D. or other) [unclear]
 Address Delaware Mo Date signed 9-17-41

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

J. J. Dubane

Licensed Embalmer No.

3376

P. O. Address

Same as above

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.