

REC'D MAR 15 1939

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

6368

Do not use this space.

1. PLACE OF DEATH

 (a) County Wassess Registration District No. 25-2
 (b) Township Jamestown Primary Registration District No. 5351 Registered No. 37
 (c) City _____ (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

 5-20 John H. Ranees
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7 Nov 10 - 1854
 7. AGE YEARS 84 MONTHS 2 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UnknownFATHER 13. NAME William Ranees14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UnknownMOTHER 15. MAIDEN NAME Ammandechee16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) Clayton Ranees18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic Cem. DATE Jan 30 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) J. H. Robertson
Jamestown Mo20. FILED 1-30 1939 Helle Wiley
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28 1939
 22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1939, to Jan 28 1939
 I last saw him alive on Jan 27 1939. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Pyelonephritis

Date of onset

Other contributory causes of importance:

Pyelonephritis
Bladder

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury: _____ 1939Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. B. Bailey 42 2 4 1939(Address) Jamestown Mo

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RECEIVED

District Health Officer No. 11;

District File Number 39-94

Date Filed MAR 9 1939

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

O. L. Roberson

Registered Apprentice No. 3244

working under my personal supervision.

Signed

O. L. Roberson

Licensed Embalmer No. 3244

P. O. Address Jonestown

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.