

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 17 1940

State File No. \_\_\_\_\_

Registration District No. 496

Primary Registration District No. 3025

Registrar's No. 116

1. PLACE OF DEATH:

(a) County Linn ✓  
 (b) City or town Brookfield  
(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

3. (a) PRINT FULL NAME Nathaniel G Ransom <sup>520</sup>

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color of race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Virginia Ransom 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 20 1851  
(Month) (Day) (Year)

8. AGE: Years 88 Months 2 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Crayuga, Linn Co Mo <sup>N.Y.</sup>  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Livery stable

11. Industry or business \_\_\_\_\_

12. Name Nathaniel G. Ransom

13. Birthplace St N.Y.  
(City, town, or county) (State or foreign country)

14. Maiden name Ranallford

15. Birthplace Verdant  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Nathaniel G. Ransom

(b) Address 419 N Livingston

17. (a) Burial (b) Date thereof Dec 29 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brookfield Mo

18. (a) Signature of funeral director Samuel Bowden

(b) Address Brookfield Mo

19. (a) Dec 21 39 (b) Snortland  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn  
 (c) City or town Brookfield  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 419 N Livingston  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19  
 year 1939 hour 2 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Oct 11, 1939, to Dec 19, 1939;  
 that I last saw him alive on Dec 18, 1939;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Left foot - Lembe gangrene  
left foot

Due to Arteriosclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Sam Evans (M. D. or other) \_\_\_\_\_

Address Brookfield Mo Date signed 12-21-39

Duration

Dec 9

Unk

PHYSICIAN

Underline the cause to which death should be charged statistically

RECEIVED

District Health Officer No. 11;

District Office No. 140-1951

Date Filed JAN 13 1940

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 *Walter B. Bowden*.....

Licensed Embalmer No. *3295*.....

P. O. Address *Brookfield, Mo.*.....

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, above space should be left blank.