

APRIL MAY 12 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

14081

State File No. \_\_\_\_\_  
Registrar's No. 115

Registration District No. 104 Primary Registration District No. 3008

1. PLACE OF DEATH:  
(a) County Callaway  
(b) City or town Fulton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: State Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 mo. 19 days  
(Specify whether  
In this community 8 mo. 19 days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County St Louis 14  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2425 Salina St  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Charles Ransom  
3. (b) If veteran, name war DK  
3. (c) Social Security No. NO

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 12  
year 1941 hour 11 minute 45 P.M.  
21. I hereby certify that I attended the deceased from April  
1, 1941, to April - 12, 1941;  
that I last saw him alive on April 12, 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, widower  
6. (b) Name of husband or wife DK  
6. (c) Age of husband or wife if alive DK years  
7. Birth date of deceased March 29 1861  
(Month) (Day) (Year)

Immediate cause of death Bacterial pneumonia  
Due to Chronic Myocarditis  
Due to \_\_\_\_\_  
Other conditions DK  
(Include pregnancy within 3 months of death)

8. AGE: Years 80 Months 0 Days 13  
If less than one day  
hr. \_\_\_\_\_ min.

9. Birthplace Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

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

MOTHER FATHER {  
12. Name T. H. Ransom  
13. Birthplace Indiana  
(City, town, or county) (State or foreign country)  
14. Maiden name Rebecca Holland  
15. Birthplace Indiana  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Brookie Elder  
(b) Address 2425 Salina St. St Louis

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? \_\_\_\_\_

17. (a) REMOVAL (b) Date thereof APRIL 14 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director Lee G. Wallace  
(b) Address Fulton Mo.

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature Forrest Thomas (M. D. or other) O  
Address Fulton Mo Date signed 4/13/41

19. (a) Apr. 14, 1941 (b) R. N. Crews  
(Data received local registrar) (Registrar's signature)

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

**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 *James O. Madd*.....

Licensed Embalmer No. *4152*.....

P. O. Address *Fulton 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, fact should be so stated above.**