S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 23 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15989

Registration District No. 810 Primary Registration District No. 4488 Registrar's No. 13

99
1
0

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

1. PLACE OF DEATH:
(a) County Scotland
(b) City or town Memphis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 Mo (b) County Scotland 99
(c) City or town Memphis 1
(If outside city or town limits, write "RURAL")
(d) Street No. — 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — 0 years.

3. (a) PRINT FULL NAME Daren Raymond Ransford
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Mar 7 (Month) (Day) 1940 (Year)

8. AGE: Years | Months 5 | Days 19 | If less than one day hr. min.

9. Birthplace Memphis (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name Cecil R. Ransford
13. Birthplace Kirksville (City, town, or county) Mo 0 (State or foreign country)
MOTHER
14. Maiden name Edna Ode
15. Birthplace Naperville (City, town, or county) Ill 1 (State or foreign country)
16. (a) Informant: Edna Ransford
(b) Address Memphis Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 27-40 (Month) (Day) (Year)
(c) Place: burial or cremation Memphis Cemetery
18. (a) Signature of funeral director Fred Firth
(b) Address Memphis Mo
19. (a) April 12-40 (Date received local registrar) (b) E. E. Parrish (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 26th day Aug year 1940 hour 11:00 A minute — M.
21. I hereby certify that I attended the deceased from Aug 24, 1940 to Aug 26, 1940 that I last saw him alive on Aug 26, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cholera Infantum	4 days
Due to Dietetic errors	
Due to	
Other conditions (Include pregnancy within 3 months of death) —	
Major findings: Of operations —	
Of autopsy —	

119 W

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? 725 (Specify type of place)
While at work? — (e) Means of injury — 0
23. Signature Dr E. E. Raymond (M. D. or other) DO
Address Memphis Mo Date signed Sep 1, 1940

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-41-972
Date Filed MAY 20 1941

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 Fred Gerth

Licensed Embalmer No. 1029

P. O. Address Memphis M

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.