

No. 2  
1-4-41  
5-17-39  
K26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

7213

State File No. \_\_\_\_\_  
Registrar's No. 59

Registration District No. 0 1040 74

Primary Registration District No. 3052

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

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
314 East Main Street /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community 45 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED: Pettis 90

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town Sedalia 4  
(If outside city or town limits, write "RURAL")

(d) Street No. 314 East Main Street  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lula Ransdal Frederick

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Lee Frederick

6. (c) Age of husband or wife if alive \*\*\* years

7. Birth date of deceased Oct. 15, 1875  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>4</u>	<u>8</u>	hr. min.

9. Birthplace Pettis County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

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

12. Name George W. Ransdal

13. Birthplace unknown unknown  
(City, town, or county) (State or foreign country)

14. Maiden name unknown unknown

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

16. (a) Informant Harry Frederick (son)

(b) Address 1215 East 4th, Sedalia, Mo.

17. (a) Burial (b) Date thereof 2/25/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director Marion Ewing

(b) Address Sedalia, Mo.

19. (a) 2/25/43 (b) Malcolm Berger  
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 23  
year 1943 hour 1:40 minute P. M.

21. I hereby certify that I attended the deceased from Feb. 12  
1943 to Feb. 23 1943  
that I last saw her alive on 23 Feb. 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Uterine Fibroid tumor  
Duration 10 yrs

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

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

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

Major findings: 56 lb

Of operations \_\_\_\_\_

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

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? \_\_\_\_\_

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

23. Signature W. E. Best, M.D. (M. D. or other) \_\_\_\_\_  
Address Sedalia, Mo. Date signed 2-25-43

LIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 3-4-43

*John B. ...*

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**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 *Duane Ewing*

Licensed Embalmer No. 5847

P. O. Address Edalia md

**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.**