

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17806

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

FILED JUN 6 1944

3012

Registrar's No. 77

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County: Clay

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

(c) Name of hospital or institution:  
Veterans Administration Facility  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 months 14 days  
(Specify whether years, months or days)

In this community 11 months 14 days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME ROBERT M. RANSOM

3. (b) If veteran, name war: World War I

3. (c) Social Security No.: 514-03-4287

4. Sex: Male 5. Color or race: White

6. (a) Single, widowed, married, divorced: Separated

6. (b) Name of husband or wife: ~~XXXXX~~ Flossie Wyr Ransom (c) Age of husband or wife if alive: ?? years

7. Birth date of deceased: February 13, 1892  
(Month) (Day) (Year)

8. AGE: Years: 52 Months: 2 Days: 29 If less than one day: \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation: Miner  
Lead and Zinc Mine

MOTHER FATHER

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

12. Name: Thomas Ransom

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

14. Maiden name: Mary Snow

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

16. (a) Informant: Hospital Records

(b) Address: Veterans Administration Facility

17. (a) Removal (b) Date thereof: May 14, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Baxter Springs, Kansas

18. (a) Signature of funeral director: Herbert Hope

(b) Address: Excelsior Springs Mo.

19. (a) 5-14-44 (b) Mr. Sade Redman  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Kansas (b) County: \_\_\_\_\_

(c) City or town: Baxter Springs  
(If outside city or town limits, write "RURAL")

(d) Street No.: 1935 Lincoln  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 14  
year: 1944 hour: 12: minute: 45 M.

21. I hereby certify that I attended the deceased from June 1, 1943  
193 to May 14 19 44  
that I last saw him alive on May 14 19 44  
and that death occurred on the date and hour stated above.

Immediate cause of death: Tuberculosis, pulmonary,  
chronic, far-advanced, active Duration: Unknown

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

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

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

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

Of autopsy: None

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: Adoracion Veliz (M. D. or other) M.D.  
Address: 177 Excelsior Springs Mo. Date signed: 5/14/44

RECEIVED

District Health Officer No. 8,

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

Date Filed \_\_\_\_\_

6-5-47

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*

Licensed Embalmer No. 3296

P. O. Address Exp Springs 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.**