

S. No. 2
DM-5-43
v. 5-17-39
I X36871

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7512

FILED FEB 20 1947
Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
524 E. Eastwood
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 6.5 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline 97
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. 524 E. Eastwood
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CYNTHIA JANE RANSBERGER

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

4. Sex Female 5. Color or race W
6. (b) Name of husband or wife Robt. Ransberger
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Apr 29 - 1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>80</u>	<u>8</u>	<u>24</u>	_____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER

12. Name Mr Robt Reed
13. Birthplace Soddy Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Emma Catherine Spradling
15. Birthplace Soddy Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs M. P. Thomas
(b) Address Marshall Mo

17. (a) Burial (b) Date thereof 1-26-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ridge Park Cem. Marshall Mo

18. (a) Signature of funeral director Harry Hershberger
(b) Address Marshall Mo

19. (a) 1/24/47 (b) Mrs. T. O. Westhead
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23
year 1947 hour 11 minute 20 P M.
21. I hereby certify that I attended the deceased from March, 1947 to Jan 23, 1947
that I last saw her alive on Jan 23, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Myocarditis
Hypertension - Hemiplegia 3 yr.
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 930
Of autopsy _____

Duration
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)
(c) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address Marshall Date signed 1/24/47

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

2912

RECEIVED

District No. 2

District File No.

Date Filed 2-15-47

JAN 7 1948

MAR 13 1957

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 *Harry Hershberger*
Licensed Embalmer No. *4357*
P. O. Address *Marshall 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.