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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 20 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36822

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 4490

1. PLACE OF DEATH:

(a) County: Jackson

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

(c) Name of hospital or institution: General Hospital #2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Hrs. 50 Min. (Specify whether years, months or days)

In this community: About 34 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

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

(d) Street No.: 572 Troost (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: Sidney Ransom

3. (b) If veteran, name war: None

3. (c) Social Security No.: 510-16-0229

4. Sex: Male 2

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: Widowed 2

6. (b) Name of husband or wife: unknown

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

7. Birth date of deceased: July (Month) - 12 (Day) - 1879 (Year)

8. AGE: Years 69 | Months 3 | Days 12 | If less than one day hr. min.

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

10. Usual occupation: Laborer

11. Industry or business: Missouri Pacific R. R.

FATHER 12. Name: Unknown

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

MOTHER 14. Maiden name:

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

16. (a) Informant: Mrs. Pearl Jackson (Daughter)

(b) Address: 704 E. 6th. Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/28/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Lincoln Cemetery

18. (a) Signature of funeral director: Sterling Bell

(b) Address: 1212 Vine St., Kansas City, Mo.

19. (a) 11-3-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 24 year 1948 hour 2 minute 50 A. M.

21. I hereby certify that I attended the deceased from Respiratory Coma, 19..; that I last saw him alive on ..., 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Traumatic Shock.	
Due to: Compound Fracture Left-Leg - Tibia & Fibula.	
Due to: Multiple Internal Injuries	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: Auto & Pedestrian.	
Of autopsy: No - Permit	

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): Auto - Truck

(b) Date of occurrence: 10-24-48

(c) Where did injury occur? K. C. Jackson - Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place - 7th St.

While at work? No (Specify type of place) (e) Means of injury: Auto - Truck

23. Signature: J. R. Williams (M. D.)

Address: 2436 - Brooklyn Date signed: 10-29-48

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.: 4417

P. O. Address 79 C [illegible]

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.