

Ransdell, Ella Asbury Turner 1890 - 1944

OHIO DEPARTMENT OF HEALTH		COLUMBUS	
CERTIFICATE OF DEATH		Bureau of the Census	
Reg. Dist. No. <u>1127</u>	State File No. <u>52335</u>	Primary Reg. Dist. No. <u>5722</u>	Registrar's No. <u>16</u>
1. PLACE OF DEATH: (a) County <u>Pass.</u> (b) <u>Buckstein</u> <small>(City, village, township)</small> (c) Name of hospital or institution: <u>Buckstein hosp.</u> <small>(If not in hospital or institution, write street No. or location)</small> (d) Length of stay: In hospital or institution _____ (Days) In this community _____ (Years, months or days)		2. USUAL RESIDENCE OF DECEASED: (a) State <u>Ohio</u> (b) County <u>Pass.</u> (c) City or village <u>Greenfield</u> <small>(If outside city or village, write RURAL)</small> (d) Street No. <u>RR # 1.</u> <small>(If rural, give location)</small> (e) If foreign born, how long in U. S. A.? _____ years.	
3. FULL NAME <u>Ella Ransdell</u> (a) If veteran, name war _____ (b) Social Security No. _____		MEDICAL CERTIFICATION 20. Date of death: Month <u>Aug</u> day <u>27</u> year <u>1944</u> hour <u>6 PM</u> minute _____ 21. I hereby certify that I attended the deceased from _____, 19 <u>43</u> , to <u>8-27</u> , 19 <u>44</u> . that I last saw <u>her</u> alive on _____, 19____, and that death occurred on the date and hour stated above. <u>Duration</u> Immediate cause of death <u>Cancer of lungs - secondary to cancer of breast</u> Due to <u>50%</u> Due to _____ Other conditions (include pregnancy within 3 months of death) _____ Major findings of operation _____ Major findings of autopsy _____ Underline the cause to which death should be charged statistically.	
4. Sex <u>Female</u> 5. Color or race <u>White</u> 6. (a) Single, widowed, married, divorced <u>Married</u> 6. (b) Name of husband or wife <u>Forrest Ransdell</u> 6. (c) Age of husband or wife if alive <u>57</u> years 7. Birth date of deceased <u>May 7 1890</u> <small>(Month) (Day) (Year)</small>		8. AGE: Years <u>54</u> Months <u>3</u> Days <u>20</u> If less than one day hr. min.	
9. Birthplace <u>Harrison County Ky.</u> <small>(City, town, or county) (State or foreign country)</small> 10. Usual occupation _____ 11. Industry or business <u>housewife</u>		12. Name <u>Pierce Turner</u> 13. Birthplace <u>Ky.</u> <small>(City, town, or county) (State or foreign country)</small> 14. Maiden name <u>Sarah Pouse</u> 15. Birthplace <u>Ky.</u> <small>(City, town, or county) (State or foreign country)</small>	
16. (a) Informant's signature <u>Eugene Ransdell</u> (b) Address <u>Greenfield, O.</u>		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? _____ <small>(City or Village) (County) (State)</small> (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ <small>(Specify type of place)</small> While at work? _____ (e) How did injury occur? _____	
17. (a) Burial, cremation, or other: _____ (b) Date <u>Aug 28 1944</u> <small>(Month) (Day) (Year)</small> (c) Place <u>Greenfield, O.</u> (d) <u>H. Shivers</u> <u>H 733 A</u> <small>(Name of Embalmer) (Lic. No.)</small>		23. Signature <u>W. F. Willson</u> <small>(Specify if Doctor of Medicine or Osteopathy)</small> Address <u>Greenfield</u> Date signed <u>8-28-44</u>	
18. (a) <u>H. C. Shivers</u> <u>3308</u> <small>(Signature of Funeral Director) (Lic. No.)</small> (b) Address <u>Greenfield, O.</u>		19. (a) <u>Aug 28-44</u> <u>Maudie S. Rea</u> <small>(Date received local registrar) (Registrar's signature)</small>	