

REC'D SEP 14 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

26972

Do not use this space.

1. PLACE OF DEATH

(a) County.....

(b) Township.....

(c) City.....

Registration District No.....

Primary Registration District No.....

(d) Street No.....

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME:

(a) Residence, No.....

(Usual place of abode, if no street address, write county or city)

St. [MK]

Franklin Mo

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Hattie Randolph

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 23 1881

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

56

7

13

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

Foreman on

9. Industry or business in which work was done, as saw mill, bank, etc.

PWA Project

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

FATHER

13. NAME

John Randolph

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

MOTHER

15. MAIDEN NAME

Loretta Taylor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

17. INFORMANT (ADDRESS)

Nina Yanchuck 910 Madison St

18. BURIAL, CREMATION, OR REMOVAL

PLACE Frank Clay Mo DATE 8-9-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

Miller Bros 4259 Lindell Blvd

20. FILED

AUG 7 1938

J. B. Buechler Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Aug 6 1938

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance

Chronic Gastritis

Name of operation.....

Date of.....

What test confirmed diagnosis?.....

Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed).....

(Address).....

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X14025

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.....

Thomas R. Fenwick

Licensed Embalmer No.....

3793

P. O. Address.....

St Louis 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, above space should be left blank.