

REC'D AUG 7 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24582
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Yea Primary Registration District No. 1097
 (c) City Yea (d) Street No. Reservoir Loop Registered No. 2795
 (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. 5 How long in U. S., if of foreign birth? yrs. mos. ds. 5

2. PRINT FULL NAME Ann Perraine Randazzo
 (a) Residence, No. 5146 Broadwood Rd. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10 - 39

7. AGE YEARS MONTHS DGS If LESS than 1 day, 12 hrs. or 0 min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. none
 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) K. C. Mo.

FATHER
 13. NAME Frank Randazzo
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K. C.

MOTHER
 15. MAIDEN NAME Katherine Peterson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K. C. Mo.

17. INFORMANT Frank Randazzo
 (ADDRESS) 5146 Broadwood Rd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE July 11, 1939

19. FUNERAL DIRECTOR Clyde Howard
 (ADDRESS) K. C. Mo.

20. FILED July 11, 1939 M. M. Crowe
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1939 to July 11, 1939.
 I last saw him alive on July 10, 1939. Death is said to have occurred on the date stated above, at 15:00 m.
 The principal cause of death and related causes of importance were as follows:
Congenital heart
 Date of onset

Other contributory causes of importance:

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) Mari Edward, M. D.
 (Address) 1300 Profemin Pkwy

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.

STATEMENT BY LICENSED EMBALMER

I, Chas Wilks, Licensed Embalmer No. 2644

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Chas Wilks
Licensed Embalmer No. 2644

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.)