

Primary Registration District No. 3021

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

49
11
2

1. PLACE OF DEATH:
(a) County JASPER
(b) City or town WEBB CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
901 EAST FOURTH. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days 5 2 4

3. (a) PRINT FULL NAME Annabelle Lee Randall
3. (b) If veteran, X
name war _____
3. (c) Social Security No. X

4. Sex Female **5. Color or race** White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edward Randall
6. (c) Age of husband or wife if alive 21 years
7. Birth date of deceased June 17 1921
(Month) (Day) (Year)

8. AGE: Years 18 Months 8 Days 5
If less than one day _____ hr. _____ min.

9. Birthplace Chitwood Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

FATHER
12. Name William Pierce
13. Birthplace Unknown X
(City, town, or county) (State or foreign country)
14. Maiden name Opersona Smith
15. Birthplace X Texas
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Randall
(b) Address Webb City, Mo

17. (a) Burial **(b) Date thereof** Feb 25 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Park Cem

18. (a) Signature of funeral director Webb City, Mo
(b) Address Webb City, Mo

19. (a) FEB. 24. 40 **(b)** J. L. Ditcher MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town 901 E. 4th St.
(If outside city or town limits, write "RURAL")
Webb City
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 22 nd
year 1940 hour 4 minute 20 P. M.

21. I hereby certify that I attended the deceased from Feb. 21, 1940, to Feb 22, 1940
that I last saw him alive on Feb. 22-40, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death starvation
Due to infection
virus
Due to child with 6 mo previous
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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? _____

23. Signature Miss daughter 3
Address 205 W Broadway Date signed 2/24.40
While at work? _____ (Specify type of place)
(e) Means of injury _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Webb City Mo

RECEIVED

District Health Officer No. 6,

District File Number 340-689

Date Filed MAR 7 1940

DEC 28 1949

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 myself,

....., Registered Apprentice No.....
working under my personal supervision.

Signed Blayton M. Johnston

Licensed Embalmer No. 3922

P. O. Address Webb City, 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.