DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7752

Registration District No. 676 Primary Registration District No. 4402 Registrar's No. 7

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town Rural Liberty Twp (If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Phelps

(c) City or town Arlington (If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Walter Eugene Randolph

3. (b) If veteran, name war Spanish American

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct (Month) 12 (Day) 1880 (Year)

8. AGE: Years 59 Months 4 Days 16 If less than one day hr. min.

9. Birthplace Phelps County (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Labor 0

11. Industry or business miscellaneous 0

FATHER
12. Name George Randolph
13. Birthplace do Not Know (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Elizabeth Evans
15. Birthplace Phelps County (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature Scott Melton

(b) Address Flat Mo

17. (a) Smith Cemetery (Burial, cremation, or removal) (b) Date thereof 2/1 (Month) (Day) 1940 (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director Lee Johnson

(b) Address 960

19. (a) 2/29/40 (Date received local registrar) (b) Lee Johnson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28 year 1940 hour 10 minute 20 P M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on 2 - 28 , 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Artic Stenosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy None

Duration

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)

(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? (Specify type of place)

While at work? ✓ (e) Means of injury 4

23. Signature Orale E Lickliter (M. D. or other) Coroner

Address Lt James Mo Date signed 2-29-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 I X19511

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 Lee Johnson

Licensed Embalmer No.....

P. O. Address 3392

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.

S. No. 2B
—2-21-40
X22659

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 775-2

Registration District No. 676 Primary Registration District No. 5900 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town Liberty Tw
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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)

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

3. (a) PRINT FULL NAME Walter Eugene Randolph
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	59	4	16	hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Miscellaneous
FATHER
12. Name
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
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28
year 1940 hour minute M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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)
(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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature Oral E. Lickliden Cor (M. D. or other)
Address St James Date signed