

FILED JUN 6 1940 73
Registration District No. 73

Primary Registration District No. 5112

State File No. _____
Registrar's No. 101

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

1. PLACE OF DEATH:

(a) County BOONE
(b) City or town COLUMBIA -RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NONE
(If not in hospital or institution, write street number or location) 3
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community NO
years, months or days

8. (a) PRINT FULL NAME PAUL L. RANDALL 534

8. (b) If veteran, name war DONT KNOW 8. (c) Social Security No. XX

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced D.K. 9

6. (b) Name of husband or wife DONT KNOW 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased DONT KNOW
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
ABOUT 50 hr. min.

9. Birthplace DONT KNOW
(City, town, or county) (State or foreign country)

10. Usual occupation DONT KNOW 9

11. Industry or business DONT KNOW

12. Name DONT KNOW 9

13. Birthplace DONT KNOW
(City, town, or county) (State or foreign country)

14. Maiden name DONT KNOW

15. Birthplace DONT KNOW
(City, town, or county) (State or foreign country)

16. (a) Informant CORONER- HIWAY PATROL

(b) Address COLUMBIA

17. (a) COLUMBUS OHIO (b) Date thereof MAY 15 1940
(Date of death) (Month) (Day) (Year)

(c) Place: burial or cremation COLUMBUS OHIO

18. (a) Signature of funeral director A. J. [Signature]

(b) Address COLUMBIA, MO.

19. (a) 5/13/40 (b) Allie Selby
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State OHIO (b) County _____
(c) City or town COLUMBUS
(If outside city or town limits, write "RURAL")
(d) Street No. XX
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 30 3rd
year 1940 hour not known minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Found under Culvert on Hiway 40 2 1/2 Miles west of Columbia with bullet wound through the head. Duration _____

Due to Death Caused by 32 Caliber Pistol wound in head.

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Inquest later
Of operations _____

Of autopsy the above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence May 3rd 1940

(c) Where did injury occur? Boone County Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Found May 4th under Culvert

(h) While at work? _____ (e) Means of injury _____

23. Signature MR. Tolson
Address Columbia, Ma Date signed _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

184
181
180

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 Lyman H. Spunkle

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17847

Registration District No. 73

Primary Registration District No. 5712

Registrar's No. _____

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD--
MOTHER FATHER

ROWENA MOORE

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbus
(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 _____
In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Paul L. Randall

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 ml

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 abt 50 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

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.

20. DATE OF DEATH: Month May day 10 year 1940 hour _____ minute _____ M.

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

Immediate cause of death Found, under
Silver on Highway
40.2 mi west of Columbus
with bullet wound
through head.
Due to From party-or-parties
you know N.M.D.
Other conditions _____ (Include pregnancy within 3 months of death) 172

Major findings: Death caused by
32 caliber pistol wound
to head. Inquest later
Of operation _____
of autops _____
PHYSICIAN _____ Underline the cause to which death was 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 M. P. Tolson (City Boone)
Address Columbus Date signed _____

SUPPLEMENTAL CERTIFICATION

S-17847