

FILED NOV 25 1940

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH36211  
Do not use this space.

## 1. PLACE OF DEATH

(a) County... *Ripley* Registration District No. *750*  
 (b) Township... *Kelly* Primary Registration District No. *59.85*  
 (c) City or *rural* (d) Street No. \_\_\_\_\_ St.  
 (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 *60* yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

*John Murray Randel*  
 (a) Residence, No. *Bennett Mo. Rural* (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Margaret</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>12-27-1864</i>		
7. AGE	YEARS <i>75</i>	MONTHS <i>8</i>
	DAYS <i>20</i>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <i>Farmer</i>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Perry Co. Tennessee</i>	
	13. NAME <i>M. M. Randel</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Perry Co. Tennessee</i>	
FATHER	15. MAIDEN NAME <i>Caroline White</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Hickman Co. Tennessee</i>	
17. INFORMANT <i>A. C. Randel</i> (ADDRESS) <i>Southern, Mo.</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Bennett, Mo. Cem.</i> DATE <i>9-18-40</i>		
19. FUNERAL DIRECTOR (NAME) <i>J. B. Jordan</i> (ADDRESS) <i>Southern, Mo.</i>		
20. FILED <i>Sept. 17, 1940</i> <i>C. B. Johnston</i> Local Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *9-16-1940*

22. I HEREBY CERTIFY, That I attended deceased from *July 1 - 1940*, to *Sept. 16 - 1940*  
 that *he* was alive on *Sept. 16 - 1940*. Death is said to have occurred on the date stated above, at *5:00 p. m.*  
 The principal cause of death and related causes of importance were as follows:  
*Chronic Nephritis, Uremia*  
*Coronary Arteriosclerosis*  
 Date of onset *2 yrs.*

Other contributory causes of importance:  
*Endo Carditis*  
*Arterial Sclerosis*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? *Clinical* Was there an autopsy? *no*

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? *no*  
 If so, specify \_\_\_\_\_  
 (Signed) *J. C. Adams* M. D.  
 (Address) *Southern, Mo.*

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED

District Health Officer No. 5,

District File Number. 10901073

Date Filed .....

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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 J. E. Jordan

Licensed Embalmer No. 3260

P. O. Address Dorchester,

**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.**