

399

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **4301**

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kan City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2537 Sweet
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 8 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kan City Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 2537 Sweet
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 46 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 10 - year 40 hour _____ minute 45 M.
21. I hereby certify that I attended the deceased from _____ 19____; that I last saw the deceased alive on _____ 19____; and that death occurred on the date and hour stated above.
Immediate cause of death: Acute Coronary Thrombosis

Duration

Due to Coronary Arteriosclerosis
Due to _____
Other conditions (Include pregnancy within 3 months of death) 94#

PHYSICIAN

Major findings: Of operations _____
Of autopsy _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury 5
23. Signature Dr. M. M. Brown (M. D. or other) _____
Address _____ Date signed _____

3. (a) PRINT FULL NAME Ilda B Randle

3. (b) If veteran, name war L 3. (c) Social Security No. L

4. Sex fe 5. Color or race w 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife George H Randle 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased May 2 1894
(Month) (Day) (Year)

8. AGE: Years 46 Months 6 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name John H Keizing

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

14. Maiden name Minnie Harris

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

16. (a) Informant George H Randle

(b) Address 2537 Sweet

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/12/40 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Ray E Snow Mayhew
(b) Address 2315 Sweet

19. (a) 11-11-40 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

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

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

Roy E Snow

Licensed Embalmer No. *2560*

P. O. Address _____

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.