No. 2
1-10-39
-17-39
X21492

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. 37739

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4337

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: K.C.General Hospital No. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether

In this community No years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City (If outside city or town limits write "RURAL")

(d) Street No. 1401 Bellefontaine (If rural, give location)

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

3. (a) PRINT FULL NAME GEORGE L. RANDALL

3. (b) If veteran, name war No

3. (c) Social Security No. 495-05-2073

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lillian Randall

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased April 17, 1876 (Month) (Day) (Year)

8. AGE: Years 64 Months 6 Days 23 If less than one day hr. min.

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

10. Usual occupation Waiter

11. Industry or business Hotel Muehlebach

FATHER
12. Name George M. Randall
13. Birthplace (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Jamie Whitson
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs. George Randall

(b) Address 1401 Bellefontaine

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-15-40 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Quirk & Tobin

(b) Address Kansas City, Mo.

19. (a) 11-14-40 (Date received local registrar) (b) M. McCrowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10th year 1940 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from 11-4-40, 19__, to 11-10-40, 19__; that I last saw him alive on 11-10-40, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death ACUTE CORONARY OCCLUSION

Due to 94 B

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy See above

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

23. Signature Drury R. Thom (M. D. or other)

Address Med. Dir. K.C. Gen. Hospital Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Harold Remy

Licensed Embalmer No. 409

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.