

APR 4 1941

Registration District No. **73**

Primary Registration District No. **3006**

Registrar's No. **63**

1. PLACE OF DEATH:

(a) County **Boone**
(b) City or town **Columbia**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1 Day
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 months** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Boone**
(c) City or town **Columbia**
(If outside city or town limits, write "RURAL")
(d) Street No. **631 N 4th St**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **WAYNE LEONARD RANDALL**

3. (b) If veteran, name war **School Child** 3. (c) Social Security No. **NO**

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Child**

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

7. Birth date of deceased **APRIL 11 1933**
(Month) (Day) (Year)

8. AGE: Years **7** Months **10** Days **25** If less than one day _____ hr. _____ min.

9. Birthplace **Missouri** **ND 1**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business **School Child**

12. Name **Leonard Randall**

13. Birthplace **Canada 2**
(City, town, or county) (State or foreign country)

14. Maiden name **Ethel Ballentine**

15. Birthplace **Springbrook** **ND 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Leonard Randall**

(b) Address **631 N 4th St**

17. (a) **Burial** (b) Date thereof **Mar 9 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **R. A. ...**

(b) Address **...**

19. (a) **3/8/41** (b) **Allie Selby**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MARCH** day **6th**
year **1941** hour **11** minute **A** M.

21. I hereby certify that I attended the deceased from **3/4-1941**
to **3/6-1941**
that I last saw him alive on **3-4-1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Pan carditis**

Due to **acute Toxicemia & Acute nephritis**

Due to **following scarlet fever (4 weeks ago)**

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

Major findings: Of operations _____

Of autopsy **acute nephritis - edema, acute endocarditis, Vegetation myocarditis etc**

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? **74**

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **...** (M. D. or other) **...**

Address **205 Exchange Bldg** Date signed **3/7/41**

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

0
2
4

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.....

R. W. Willard
.....
Licensed Embalmer No. *3183*
.....
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, fact should be so stated above.