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X26390

FILLED OCT 10 1941

Registration District No. _____

Primary Registration District No. **1001**

Registrar's No. **946**

1. PLACE OF DEATH:

(a) County Buchanan City
(b) City or town St. Joseph, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2523 Messanie
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 20 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2523 Messanie
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANNA VICTORIA RANDALL

3. (b) If veteran, name war none
3. (c) Social Security No. (491-10-6077)

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

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

7. Birth date of deceased Nov. 18 1915
(Month) (Day) (Year)

8. AGE: Years 25 Months 10 Days 11
If less than one day _____ hr. _____ min.

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

10. Usual occupation Seamstress

11. Industry or business Factory

MOTHER FATHER { 12. Name Lester Randall

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

14. Maiden name Ivy Davis

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

16. (a) Informant Mrs. Geo. N. Greer

(b) Address 2523 Messanie St. Joseph, Mo.

17. (a) Burial (b) Date thereof 10--1--41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director FLEEMAN & SON INC

(b) Address St. Joseph, Mo.

19. (a) Oct 1, 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29th.
year 1941 hour 2 minute 05 P. M.

21. I hereby certify that I attended the deceased from Sept 21, 1941
Sept 29 1941 to Sept 29 1941
that I last saw her alive on Sept 29 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Pulmonary Tuberculosis Duration 18 mo

Due to _____
Due to _____ 13B

Other conditions Tubercular Infections 6 mo
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
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? _____

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

23. Signature [Signature] (M. D. or other) mo
Address 218 1/2 St. Joseph Date signed 9/30/41

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.....

Sept 28 1941

....., Registered Apprentice No.....

working under my personal supervision.

Signed

John H. Husley

Licensed Embalmer No. *4950*

P. O. Address *Dr. Joseph, M*

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.