

FILED SEP 30 1941

State File No. _____

Registration District No. 678

Primary Registration District No. 4404

Registrar's No. _____

I. PLACE OF DEATH

(a) County Phelps
(b) City or town St James Tenn.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____ (Specify whether
years, months or days) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Phelps
(c) City or town St James
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18
year _____ hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Elson B Randall
3. (b) If veteran, name war none 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, 2 divorced
6. (b) Name of husband or wife Lucy Randall 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 5 29 1869
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace St James MO
(City, town, or county) (State or foreign country)

10. Usual occupation Physician

11. Industry or business _____
12. Name Dout Knorr
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Clara Walker
(b) Address St James MO
17. (a) Burial (b) Date thereof 8-19-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St James Tenn

18. (a) Signature of funeral director W E Licholter
(b) Address St James MO
19. (a) 9-1-41 (b) Elsie B. Dault
(Date received local registrar) (Registrator's signature)

Immediate cause of death Mitral Regurgitation
Due to old age
Due to _____
Other conditions (Include pregnancy within 3 months of death) 92B
Major findings: Of operations _____
Of autopsy _____

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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature R. D. Hull (M. D. or other) 3
Address Ralla MO Date signed _____

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

RECEIVED

District Health Officer No. 5,

District File Number 8811942

Date Filed _____

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 _____

Licensed Embalmer No. _____

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.