

S. 3, 2
-1-4-41
5-17-39
P-1 X22889

Registration District No. **359**

Primary Registration District No. **1002**

48
3
8
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: **General Hospital No. 2**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **11-23-41-11-26-41**
(Specify whether years, months or days)
 In this community **35 years 0**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson** **048**
 (c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
 (d) Street No. **1723 W. 29th**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **NO**

3. (a) PRINT FULL NAME **ED RANGLES**
 3. (b) If veteran, name war _____
 3. (c) Social Security No. **NONE**

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced, **Married**
 6. (b) Name of husband or wife **Cecil Randles** 6. (c) Age of husband or wife if alive **unk** years
 7. Birth date of deceased **December 25 1886**
(Month) (Day) (Year)

8. AGE: Years **54** Months **11** Days **1** If less than one day hr. _____ min.

9. Birthplace **Houston Texas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Unemployed**

11. Industry or business _____

MOTHER FATHER
 { **12. Name** **Deceased**
 { **13. Birthplace** **Unknown** **a**
(City, town, or county) (State or foreign country)
 { **14. Maiden name** **Deceased**
 { **15. Birthplace** **Unknown** **a**
(City, town, or county) (State or foreign country)

16. (a) Informant **Record Clerk**
 (b) Address **General Hospital No. 2**

17. (a) Burial (b) Date, thereof **12/1/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director **William W. Smalley**
 (b) Address **1529 N. 5th St.**

19. (a) 12/1/41 (b) **M. M. Crow**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov.** day **26**
 year **1941** hour **7** minute **30 a.m.**

21. I hereby certify that I attended the deceased from **November 23 1941 to November 26 1941**
 that I last saw him alive on **November 26 1941**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia**
(Upper right lobe) Duration

Due to _____
 Due to **108**

Other conditions **108**
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy **Same as above**
 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 **G. O. Dierkes** (M. D. or other)
 Address **Gen. Hosp. #12-6006-22** Date signed **11-27-41**

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

Nathan Matthey

Licensed Embalmer No. *2700*

P. O. Address *1520 N. 5th St.*

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.