No. 2
—1-4-41
5-17-39
PI X26390

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. 41378

JAN 13 1942 85
Registration District No.

Primary Registration District No. 1001

Registrar's No. 1187

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital
(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 26 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 5509 King Hill Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna Randall

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Wesley

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

7. Birth date of deceased July (Month) 2, (Day) 1885 (Year)

8. AGE: Years 56 Months 5 Days 9 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Homer Rowe
13. Birthplace Marion (City, town, or county) Iowa (State or foreign country)

MOTHER
14. Maiden name Mary Miel
15. Birthplace Lafayette Co. (City, town, or county) Wisconsin (State or foreign country)

16. (a) Informant Wesley E. Randall (Husband)
(b) Address 5509 King Hill Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/12/41 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland

18. (a) Signature of funeral director John E. Rupp
(b) Address 6054 Pryor Ave., St. Joseph, Mo.

19. (a) Dec. 11, 1941 (Date received local registrar) (b) W. J. Nestlebush M. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11
year 1941 hour 6 minute 05 P M.

21. I hereby certify that I attended the deceased from Dec 6, 1941, to Dec 10, 1941;
that I last saw her alive on Dec 10, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Perforated gangrenous appendix	3 days
Due to: general peritonitis	3 days
Due to: Pneumonia Lobar Rt. pleurisy left.	3 days
Other conditions — (Include pregnancy within 3 months of death)	

Major findings:
Of operations — no operation
Of autopsy yes

12/11

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 H. S. Conrad (M. D. or other) M.D.
Address St Joseph Mo Date signed 12-11-41

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(Licensed Embalmer's Statement on Reverse Side) ST. JOSEPH

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

Myself, Registered Apprentice No.

working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address 6054 PryormAve., St. Joseph, Missouri

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.