

S. No. 2
4-1-4-41
7. 5-17-39
I X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7634

State File No. _____

FILED MAR 5 1943
Registration District No. 730

Primary Registration District No. 4451

Registrar's No. 1796

1. PLACE OF DEATH:

(a) County Pipley

(b) City or town Danphar Mo. town
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Williams Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 weeks and 1 day
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Pipley 91

(c) City or town Danphar Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Andrew C. Randel

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 18th
year 1942 hour 5 minute 55 PM.

21. I hereby certify that I attended the deceased from
December 20 1941 to January 18 1942
that I last saw him alive on January 18 1942
and that death occurred on the date and hour stated above.

4. Sex male race white

5. Color or race _____

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

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

7. Birth date of deceased: Dec. 22 1961
(Month) (Day) (Year)

Immediate cause of death Uremia Duration _____

Due to type 2 diabetes arteriosclerosis and chronic nephritis

Due to _____

Other conditions Fracture of Femur
(include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>80</u>		<u>27</u>	hr. _____ min. _____

Major findings: Fracture of Femur

Of operations: 186

Of autopsy: 18

PHYSICIAN

Underline the cause to which death should be charged statistically.

9. Birthplace Hickman county Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Mary Randel

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

14. Maiden name Carolyn Whitwell

15. Birthplace Hickman county Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ben E. Kern

(b) Address Bennett Mo.

17. (a) Burial (b) Date thereof Jan. 20 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bennett Cent

18. (a) Signature of funeral director Blacke mortuary

(b) Address Danphar Mo.

19. (a) 1/28/42 (b) E. Johnston
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Dec. 20 - 1941

(c) Where did injury occur? Danphar Pipley Mo.
(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 J. Williams MD (M. D. or other) _____
Address Danphar Mo. Date signed 1/27/42

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

RECEIVED

District Health Officer No. 5,

District File Number 242762

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 Leslie L. Russell
Licensed Embalmer No. 3855
P. O. Address Canning Ark.

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.