

Registration District No. 104

Primary Registration District No. 3008

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution: State Hospital No 1 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days) 2 yrs - 8 days

In this community 2 yrs - 8 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 014

(c) City or town Hannibal 2
(If outside city or town limits, write "RURAL")

(d) Street No. 404 Hog Row -
(rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years. 0

3. (a) PRINT FULL NAME Charles Randolph

3. (b) If veteran, name war Saint Klous 3. (c) Social Security No. OTC

4. Sex M 2/ 5. Color or race Negro 6. (a) Single, widowed, married, divorced 9

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

7. Birth date of deceased 12 25 1872
(Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Family work

11. Industry or business _____

12. Name Charles Randolph 9

13. Birthplace _____ 9
(City, town, or county) (State or foreign country)

14. Maiden name Maggie Starr 1

15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Randolph

(b) Address Hannibal Mo

17. (a) Removal (b) Date thereof 3 31 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Mo

18. (a) Signature of funeral director J. O. Roberts

(b) Address Columbia Mo

19. (a) 3-31-1942 (b) Joie Morankoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month march day 26
year 1942 hour 7 minute P M.

21. I hereby certify that I attended the deceased from march
20, 1942, to march 26, 1942;
that I last saw him alive on march 26, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to Arterio sclerosis

Due to Diphtheria Meningo encephalitis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 308
Of operations _____

Of autopsy _____

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 Jesse Thomas (M. D. 0)

Address State Hospital no 1 Date signed 3-26-42

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

14
1
2

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, fact should be so stated above.