S. No. 2
I—9-4-41
. 5-17-39
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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. 26794

FILED SEP 5 1942

Registration District No. [illegible] Primary Registration District No. 2007 Registrar's No. 269

1. PLACE OF DEATH:
(a) County: BUTLER
(b) City or town: POPLAR BLUFF
(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 years, months or days)
In this community: 8 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MO (b) County: BUTLER
(c) City or town: POPLAR BLUFF MO
(If outside city or town limits, write "RURAL")
(d) Street No.: 1012 FAIRMOUNT ST
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country: —

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3. (a) PRINT FULL NAME: ATTILLA WATKINS RANDOLPH
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: GRACE LOUISE RANDOLPH
6. (c) Age of husband or wife if alive: 57 years
7. Birth date of deceased: Dec (Month) 31 (Day) 1879 (Year)

8. AGE: Years 62 Months 7 Days 21 If less than one day ____ hr. ____ min.

9. Birthplace: LOUISVILLE (City, town, or county) KY (State or foreign country)
10. Usual occupation: RETIRED SALESMAN
11. Industry or business: ____

FATHER
12. Name: JOHN RANDOLPH
13. Birthplace: UNKNOWN (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: UNKNOWN
15. Birthplace: UNKNOWN (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Mrs Grace Randolph
(b) Address: 1012 Fairmount St, Poplar Bluff
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof: 8-23-42 (Month) (Day) (Year)
(c) Place: burial or cremation: SUNSET CEM, ST LOUIS MO
18. (a) Signature of funeral director: W. T. Phelps
(b) Address: Poplar Bluff Mo
19. (a) 8-23-42 (Date received local registrar) (b) Belle Stone (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: AUG day: 22 year: 1942 hour: 9 minute: 45 P.M.
21. I hereby certify that I attended the deceased from Aug 1, 1942, to Aug 22, 1942, that I last saw him alive on ____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
~~Acute Pneumonia~~	
Due to: Senile Dementia	6 Weeks
Due to: Cerebral Hemorrhage	24 hrs
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

430

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: Alfred P. Corn (M. D. or other)
Address: Poplar Bluff Mo. Date signed: 8-23-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 942-1125
Date Filed 9-3-42

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 N. T. Phelps

Licensed Embalmer No. 3231

P. O. Address Saplar Bluff

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.