S. No. 2
M—1-4-41
v. 5-17-39
I X25390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 14 1942 28

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Registration District No. ~~318~~

Primary Registration District No. 5465

State File No. 27187

Registrar's No. 605

39
0
0

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

**1. PLACE OF DEATH:**

(a) County GREENE

(b) City or town ~~Springfield~~ Rural N. Campbell
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural R. F. D. # 4 /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 25 Years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Greene

(c) City or town (Rural) ~~Springfield~~ N. Campbell
(If outside city or town limits, write "RURAL")

(d) Street No. R. F. D. # 4
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

**3. (a) PRINT FULL NAME** JANE MALINDA RANDOLPH

3. (b) If veteran, name war No

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 Husband T. W. Randolph

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

7. Birth date of deceased May (Month) 5 (Day) 1873 (Year)

8. AGE: Years 69 Months 3 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace Boccourt (City, town, or county) Kansas / (State or foreign country)

10. Usual occupation House Wife

11. Industry or business Home

FATHER
12. Name S. J. Whelchel
13. Birthplace Indianapolis (City, town, or county) Indiana / (State or foreign country)

MOTHER
14. Maiden name Caroline Reams
15. Birthplace Jamestown (City, town, or county) Virginia / (State or foreign country)

16. (a) Informant T. W. Randolph ( Husband)
(b) Address Springfield Missouri R. F. D. # 4

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/15/1942 (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood Cem

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield Missouri

19. (a) 8-14-42 (Date received local registrar) (b) D. W. Handley (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 13
year 1942 hour 5 minute 05 A. M.

21. I hereby certify that I attended the deceased from 8/10/42 ....., 19....., to 8/13/ ....., 1942
that I last saw her alive on 8/13 ....., 1942
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Pulmonary Edema acute | 1-2 hrs |
| Due to Chronic myocarditis | 2 yrs |
| Due to | |
| Other conditions Hypertension (Include pregnancy within 3 months of death) | 3 yrs |

Major findings:
Of operations
Of autopsy

938

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 0

23. Signature C. E. Feller (M. D. or other)
Address Springfield Mo. Date signed 8/14/42

984 (Licensed Embalmer's Statement on Reverse Side)

## 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 Wayne Kinkle

Licensed Embalmer No. 3444

P. O. Address Springfield Mo

**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.**