

FILED OCT 2 1942

Registration District No. 280

Primary Registration District No. 5963

Registrar's No. 21

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

1. PLACE OF DEATH:

(a) County PLATTE, MO. Rural Sub

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

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

(d) Length of stay: In hospital or institution 6 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County ST. LOUIS

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME REASON VIRGIL RANDALL

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 GEORGIA "GOSNEY" RANDALL 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Dec. 28 1869
(Month) (Day) (Year)

8. AGE:		Years		Months	Days	If less than one day
72	8	12				hr. min.

9. Birthplace GEORGETOWN KY.
(City, town, or county) (State or foreign country)

10. Usual occupation STONE MASON

11. Industry or business _____

12. Name FRANK RANDALL

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

14. Maiden name ALICE SOWARD

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

16. (a) Informant MRS. R.V. RANDALL

(b) Address PLATTE CITY, MO. R.F.D.

17. (a) BURIAL (b) Date thereof 9 10 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SMITHVILLE, MO.

18. (a) Signature of funeral director [Signature]

(b) Address Smithville, Mo.

19. (a) Sept 10, 1942 (b) Mrs. Clay Ruffee
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 9 year 1942 hour 74 minute 30 A.M.

21. I hereby certify that I attended the deceased from 9-8-42 to 9-8-42 1942
that I last saw him alive on 9-8 1942 and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Hemorrhage
Due to Chronic Myocarditis
Chronic Nephritis
Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1318
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 [Signature] (M. D. or _____)
Address 723 Argyle Bldg Date signed 9-9-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. Platte
District File Number 10-42-26
Date Filed 10-2-42

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 S. A. McConas

Licensed Embalmer No. 2303

P. O. Address Smithville, 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.