

FILED DEC 14 1942

Registration District No. 467 175

Primary Registration District No. 4280 3036

Registrar's No. 151

55

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

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Aurora
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Highway 60 1/2 Mi East/
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell ⁴⁶
(c) City or town Mountain View Mo. ⁰
(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 Mae E Randol

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife E.G. Randal 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Jan. 19 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 9 25 hr. min.

9. Birthplace Jackson Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER

12. Name George Miller

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

14. Maiden name Ella B Hensley

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

16. (a) Informant Mrs Ruby Jennings

(b) Address Mountain View Mo.

17. (a) Burial (b) Date thereof 11/14/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Aurora Mo.

18. (a) Signature of funeral director J. P. King

(b) Address.....

19. (a) 11-14-42 (b) C. J. King
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13
year 1942 hour 4 minute 00 P. M.

21. I hereby certify that I attended the deceased from after death 19..... to..... 19.....
that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Hemorrhage in car (not driving)

Due to.....

Due to.....

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

Major findings:
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 3

23. Signature Edwin Wilks (M. D. or other) Carroll

Address Nov 13, 1942 Date signed.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 1242-1745

Date Filed DEC 11 1942

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.....

Herman Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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.