No. 2
-1-4-41
5-17-39
I X26390

90
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 7 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41729

Registration District No. 299 Primary Registration District No. 6027 Registrar's No.

1. PLACE OF DEATH:
(a) County Reynolds
(b) City or town Reynolds Jackson Twp (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

2. USUAL RESIDENCE OF DECEASED: 90
(a) State Missouri (b) County 0
(c) City or town Reynolds 0 (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? Reynolds Jackson Twp
If yes, name country

3. (a) PRINT FULL NAME MARY ANN RANDOLPH.
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 2 widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 26 (Day) 1863 (Year)
8. AGE: Years 79 Months 8 Days 18 If less than one day hr. min.
9. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
10. Usual occupation Retired
11. Industry or business

MOTHER-FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs Clara Highley
(b) Address Reynolds
17. (a) (Burial, cremation, or removal) (b) Date thereof 12/16/1942 (Month) (Day) (Year)
(c) Place: burial or cremation Bunker Mo.
18. (a) Signature of funeral director Norman White and Son
(b) Address Doniphan
19. (a) 12/16/42 (Date received local registrar) (b) Mrs Inez Willington (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 13 year 1942 hour 8 P.M. minute M.
21. I hereby certify that I attended the deceased from 19, to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Infirmities	
Due to Old Age.	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 162	
Of autopsy	

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 Mrs Inez Willington Registrar
Address Reynolds Mo. Date signed 12/16/42

1194 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number 1433 4
Date Filed 1-6-43

OCT 2 NVP

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 Norman White, Registered Apprentice No. N 84 working under my personal supervision.

Signed Norman White

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.