

No. 7
1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1941

State File No. _____

Registrar's No. 1

Registration District No. 5272

Primary Registration District No. 5272

1. PLACE OF DEATH:

(a) County Greene **CHRISTIAN POIK TWP.**

(b) City or town Springfield

(c) Name of hospital or institution:
Near Marionville, Missouri

(d) Length of stay: In hospital or institution 0

In this community 0 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Texas (b) County 999

(c) City or town Dallas

(d) Street No. 5903 Prospect Avenue

(e) Citizen of foreign country? 2 (Yes or No)

3. (a) PRINT FULL NAME JOHN B. RANDLE

3. (b) If veteran, name war None

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30
year 1942 hour 8 minute 19 P.M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Mrs. Myrtle Clanton Randle

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

7. Birth date of deceased January 21, 1907

that I last saw h. _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture, skull, with cerebral laceration, multiple fractures of extremities and multiple

8. AGE:	Years	Months	Days	If less than one day
	<u>35</u>	<u>11</u>	<u>9</u>	_____ hr. _____ min.

Due to Airplane crash.

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

9. Birthplace Fort Worth, Texas

Major findings: Of operations _____

10. Usual occupation Accountant

Confirmation of above diagnoses.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence December 30, 1942

(c) Where did injury occur? BETWEEN BILLINGSAMP & MARIONVILLE, MISSOURI

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on farm

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown

14. Maiden name Unknown

15. Birthplace Unknown

16. (a) Informant W.D. A. G. O. For 24

(b) Address _____

17. (a) Removal Jan. 2, 1943

(b) Date thereof Jan. 2, 1943

(c) Place: burial or cremation Dallas, Texas

While at work? _____ (Specify type of place)

(e) Means of injury Airplane crash

23. Signature J. J. Hauser (M. D. or other) MC

Address 1249 Date signed Jan. 1, 1943

18. (a) Signature of funeral director Oliver L. L. L.

(b) Address Springfield, Mo.

19. (a) Jan. 04, 1943 Mary T. Spear

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

RECEIVED

District Health Officer No. 6,

District File Number 143-123

Date Filed 1-29-43

FEB 4 1943

FEB 1 1943

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

Harlow Knapp

Licensed Embalmer No. 4065

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.