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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42319

Registration District No. FILED JAN 11 1944 ~~318~~ 128 Primary Registration District No. 2000 Registrar's No. 1050

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

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: 1551 Benton (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether

In this community 69 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield, (If outside city or town limits, write "RURAL")

(d) Street No. 1551 Benton (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Willene Rand

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife ~~Single~~ None

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

7. Birth date of deceased SEPTEMBER (Month) 17 (Day) 1875 (Year)

8. AGE: Years 68 Months 3 Days 6 If less than one day hr. min.

9. Birthplace Springfield, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Stenographic work

11. Industry or business Public letter office

FATHER
12. Name Henry T. Rand
13. Birthplace Unknown (City, town, or county) N. Hampshire (State or foreign country)

MOTHER
14. Maiden name Sarah O. Unk.
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mr. Lou Cogley

(b) Address Springfield, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/ 28/ 43 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 12-28-43 (Date received local registrar) (b) D W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 23rd year 1943 hour 10:15 minute A. M.

21. I hereby certify that I attended the deceased from 7-13-41, 19 to 12-23 1943 that I last saw her alive on 12-19 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease — Duration 3 months

Due to Hypertension — 3 years

Due to

Other conditions (Include pregnancy within 3 months of death) 9 3d

Major findings: Of operations

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 E. E. [signature] (M. D. or other)

Address Springfield, Mo. Date signed 12/24/43

(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.....

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.