

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

FILED JUN 3 1944  
199

State File No. ....

Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 2212

1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Kansas City  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 4611 E. 8th St., /  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community 27 years  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4611 E. 8th St.,  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARY MARGARET RANDALL  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. None

4. Sex Fe. 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed  
 6. (b) Name of husband or wife Charles W. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Nov. 7, 1870  
 (Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 16 If less than one day hr. min.

9. Birthplace Ray County Mo. 0  
 (City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business None

12. Name Hardy Hunt

13. Birthplace Ray County Mo. 0  
 (City, town, or county) (State or foreign country)

14. Maiden name Cassie Joiner

15. Birthplace Ray County Mo. 0  
 (City, town, or county) (State or foreign country)

16. (a) Informant Pearl Russell  
 (b) Address 6004 Park

17. (a) Removal (b) Date thereof May 25, 1944  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Union Cem. near Lawson

18. (a) Signature of funeral director C. H. Blackman & Son, Inc

(b) Address Kansas City, Mo.

19. (a) 5-24-44 (b) N. E. Brown (Registrar's signature)  
 (Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23<sup>rd</sup>  
 year 1944 hour 6 minute 30 a. M.

21. I hereby certify that I attended the deceased from Sept 15-43  
 19\_\_\_\_, to May 23<sup>rd</sup> 1944  
 that I last saw her alive on May 22<sup>nd</sup> 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
 Chyonic myocarditis with  
 ventricular Regurgitation  
 Due to Arterio Sclerosis and  
 Aneurysm Pericardis and  
 Acute Pulmonary Edema

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations no 93 d  
 Of autopsy no

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? No

(Specify type of place) \_\_\_\_\_  
 (e) Means of injury \_\_\_\_\_

23. Signature H. V. Coody, M.D. (M. D. or other) M.D.  
 Address 805 Elmwood Date signed 5-24-44

Duration

9 mo

10 days

last attack

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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 with the above constitutes grounds for revocation of license.)**

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