

FILED JUL 10 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22207

Registration District No. 267

Primary Registration District No. 5902

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Hayti Rural
(c) Name of hospital or institution: Hayti. J. J.
(If outside city or town limits, write "RURAL" and name of township)
(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 Pemiscot 78
(c) City or town Hayti Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT Addie A. Randolph
FULL NAME

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

4. Sex female 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife John Randolph
6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased April 10 1870
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 10
If less than one day hr. _____ min. _____

9. Birthplace Dyer Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business Home

12. Name F. J. Key

13. Birthplace Dyer Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Rogers

15. Birthplace Dyer Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Sol Randolph

(b) Address Hayti Mo.

17. (a) Burial (b) Date thereof 6/21/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hayti Mo.

18. (a) Signature of funeral director Valhalla Funeral Home

(b) Address Hayti Mo.

19. (a) 6-21-1944 (b) J.A. Johnson, Jr.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 20
year 1944 hour One minute 30 A. M.
21. I hereby certify that I attended the deceased from 6-18-44
to 6-20 1944
that I last saw her alive on 6-19- 1944
and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebral hemorrhage 36 hrs

Due to hypertension 6-8 yrs

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

Major findings: 83a1
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?

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Fredk. D. J. V. J. (M. D. _____)
Address Cambridge, Mo. Date signed 6/21/44

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

800

1327

6-44-153

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.....

Jack Kelley

Licensed Embalmer No. 3788

P. O. Address. Hayti 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.