S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6240

Registration District No. 137 Primary Registration District No. 4217 Registrar's No. 35

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Urich Mo
(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
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County HENRY 42 0 0
(c) City or town Urich
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Martha Jane 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
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Sept 28. (Month) (Day) 1851 (Year)

8. AGE: Years 93 Months 3 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace Jamestown Moniteau Mo 0
(City, town, or county) (State or foreign country)
10. Usual occupation house wife
11. Industry or business .....
FATHER
12. Name John Hall
13. Birthplace unknown Mo. 0
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Smith.
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)
16. (a) Informant Flota M Goodman
(b) Address Urich Mo
17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 1-2-45 (Month) (Day) (Year)
(c) Place: ~~burial or cremation~~ Hendricks Cemetery
18. (a) Signature of funeral director W. J. Brown.
(b) Address February 7, 1945 Urich Mo
19. (a) ~~[illegible]~~ (Date received local registrar) (b) W. J. [illegible] (Registrar) Georgia Kitchen

1064

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15
year 1945 hour ~~sep~~ minute 4 A.M.
21. I hereby certify that I attended the deceased from Oct 15 1944 to Dec 30 1944
that I last saw her alive on Dec 30 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Sclerosis of Arteries
Due to Old age
Due to .....
Other conditions 97
(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy .....

Duration

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) X
(b) Date of occurrence X
(c) Where did injury occur? X (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 0
23. Signature J. W. Galbreath (M. D. ~~or other~~)
Address Urich Mo. Date signed 1-1-45

(Licensed Embalmer's Statement on Reverse Side)

Certificate No. 7,

Date Filed 3-9-43

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 R. R. Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton 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.