

Registration District No. 77

Primary Registration District No. 2016

Registrar's No. 140

1. PLACE OF DEATH:  
 (a) County Cole, Missouri  
 (b) City or town Jefferson City, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Mo. State Penitentiary Hospital  
(If outside hospital limits, write street number or location)  
In Hospital 5 days  
 (d) Length of stay: In hospital or institution Prison 5yr, 10mo  
(Specify whether in hospital or institution)  
20 days  
 In this community same  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State unknown (b) County unknown  
 (c) City or town unknown  
(If outside city or town limits, write "RURAL")  
 (d) Street No. unknown  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country - - -

3. (a) PRINT FULL NAME JACK L. RANDAL #W-52759  
 3. (b) If veteran, name war unknown  
 3. (c) Social Security No. none

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month June day 27,  
 year 1945 hour 11:15 minute A. M.  
 21. I hereby certify that I attended the deceased from June 23,  
1945 to June 27, 1945  
 that I last saw him alive on June 27, 1945  
 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white  
 6. (a) Single, widowed, married, divorced single  
 6. (b) Name of husband or wife - - - - -  
 6. (c) Age of husband or wife if alive - - years  
 7. Birth date of deceased 8 2 1888  
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis  
 Due to - - - - -  
 Due to - - - - -

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>10</u>	<u>25</u>	<u>- -</u> hr. <u>- -</u> min.

Other conditions Interstitial pneumonia  
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations 930  
 Of autopsy - - - - -

9. Birthplace unknown  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Unknown- Prison  
 11. Industry or business Unknown  
 12. Name Unknown  
 13. Birthplace unknown  
(City, town, or county) (State or foreign country)  
 14. Maiden name unknown  
 15. Birthplace unknown  
(City, town, or county) (State or foreign country)  
 16. (a) Informant Prison Hospital Records  
 (b) Address Jefferson City, Mo  
 17. (a) Removal (b) Date thereof 6/29/45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Barberville Mo.  
 18. (a) Signature of funeral director Walter Dulle  
Dulle-Thompson Funeral Home  
 (b) Address Jefferson City, Mo  
 19. (a) 6-29-45 (b) Norma Richter  
(Date received local registrar)

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) no  
 (b) Date of occurrence - -  
 (c) Where did injury occur? none  
(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) (c) Means of injury 0  
 23. Signature W. U. McNeill Date signed 6-27-45  
 Address Jefferson City, Mo

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

6  
5  
4

RECEIVED

District Health Officer No. 9,

District File Number                     

Date Filed 7-12-45

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 *Sylvester Rulle*  
Licensed Embalmer No. 4321  
P. O. Address *Jefferson City, 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.