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0M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 12 1945

State File No. 38401

Registration District No. 376 Primary Registration District No. 6072 Registrar's No. 224

1. PLACE OF DEATH:

(a) County ST. FRANCOIS

(b) City or town RURAL PENDLETON, N.

(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 ST. FRANCOIS 94

(c) City or town RURAL. 0

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

(d) Street No. near Farmington, Mo. 0

(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME MARY JANE RANDOLPH

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced M. 1

6. (b) Name of husband or wife CHARLES E RANDOLPH

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased DEC (Month) 6 (Day) 1871 (Year)

8. AGE: Years 73 Months 10 Days 8 If less than one day hr. min.

9. Birthplace JASPER CTY. (City, town, or county) ILL. 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name JAMES SNYDER
13. Birthplace (City, town, or county) ILL. 1 (State or foreign country)

MOTHER
14. Maiden name ANN WECK
15. Birthplace (City, town, or county) ILL. 1 (State or foreign country)

16. (a) Informant CHAS RANDOLPH

(b) Address FARMINGTON MO.

17. (a) B (Burial, cremation, or removal) (b) Date thereof 11-18-45 (Month) (Day) (Year)

(c) Place: burial or cremation KOP NEAR FARMINGTON

18. (a) Signature of funeral director C.H. Cozean

(b) Address Farmington Mo.

19. (a) 11-17-45 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 14 year 1945 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from Aug 8, 1945, to Nov 14, 1945, that I last saw her alive on 10-17-, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	3 mo.
Due to Cerebral Apoplexy	4 mo.
Due to Hypertension + Myocarditis	3 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

938

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 Geo. L. Watkins (M. D. ~~or other~~)

Address Farmington Mo. Date signed 11-17-45

1397

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 124S-1442

Date Filed 12-10-45

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: C. H. Cogan

Licensed Embalmer No. 4084

P. O. Address Farmington Me

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.