

7. S. No. 2
DOM-5-43
ev. 5-17-39
I X36671

FILED JAN 19 1946

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 5222

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: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 ds (Specify whether
In this community 14 yrs (Specify whether
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. 714 E. 9th St-Desoto Hotel
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Ora Randolph

3. (b) If veteran, name war. No 3. (c) Social Security No. 486-01-5909

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Harriett Randolph 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased 11 19 1888 (Month) (Day) (Year)

8. AGE: 63 Years 61 Months 0 Days 28 If less than one day hr. min.

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

10. Usual occupation Checker at Standard Laundry

11. Industry or business _____

12. Name Nathaniel Randolph

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

14. Maiden name Mary Mills

15. Birthplace Mason City Iowa Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harriett Randolph

(b) Address 4020 Central

17. (a) Burial (b) Date thereof 12-19-1945 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address Kansas City Missouri

19. (a) 12-19-45 (b) Geraldine Harmon (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17th
year 1945 hour 2 minute 40 A. M.

21. I hereby certify that I attended the deceased from 12-14-45 to 12-17-45
im alive on 12-17-45
that I last saw h. _____ and that death occurred on the date and hour stated above.

Immediate cause of death Intertrochanteric frac. left femur Duration 3 ds

Due to _____
Due to _____

Other conditions arteriosclerosis, generalized and Tabes Dorsalis (Include pregnancy within 3 months of death) indefinite

Major findings: _____
Of operations: _____
Of autopsy: 1860 5 18

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) Accident contributed

(b) Date of occurrence 12-14-45

(c) Where did injury occur? Kansas City Mo. 123 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, or in public place? Fall place not of record on street

While at work? no (Specify type of place) (c) Means of injury fell on ice

Signature Clark W. Seely (Date signed) _____

Address Med. Dir. K.C. Gen. Hosp. K.C. Mo.

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

MOTHER FATHER

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. 3414

P. O. Address 918 Brooklyn

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.

R. C. C.