S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13329

FILED APR 17 1946

Registration District No. 1 Primary Registration District No. 1002 Registrar's No. 1578

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: 3129 Paseo /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community 19 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3129 Paseo 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Nancy Jane Randall

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female /

5. Color or race white

6. (a) Single, widowed, married, divorced widowed /

6. (b) Name of husband or wife George Washington Randall

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

7. Birth date of deceased February (Month) 9 (Day) 1849 (Year)

8. AGE: Years 97 Months 1 Days 22 If less than one day hr. min.

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

10. Usual occupation Invalid at home

11. Industry or business

FATHER
12. Name Unknown Haynes
13. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Mrs. I. L. Lenhart /

(b) Address 3129 Paseo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-3-46 (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Mellody-McGilley-Eylar

(b) Address 1800 E. Linwood Blvd.

19. (a) 4-2-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1 year 1946 hour 4 minute 35 A.M.

21. I hereby certify that I attended the deceased from about 1936 to April 1, 1946 that I last saw her alive on March 2, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio renal disease 5-6 yrs

Due to Old age

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 13 a

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)

(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 J. J. Kainsworth (M. D. or other)

Address 730 Prospect Date signed 4/2/46

K.C. Mo

(Licensed Embalmer's Statement on Reverse Side)

No. 3180

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. 2999

P. O. Address.....

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.