S. No. 2
M—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

28464

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 7 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29628

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1096

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2202 Bartlett
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution --
In this community years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2202 Bartlett
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Angie Odelia Randall

3. (b) If veteran, name war No
3. (c) Social Security No. No 499-12-1019

4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Thomas Randal
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb 2. 1908 (Month) (Day) (Year)

8. AGE: Years 38 Months 7 Days 20 If less than one day hr. min.

9. Birthplace Lathrop (City, town, or county) Mo. (State or foreign country)
10. Usual occupation House wife
11. Industry or business

FATHER
12. Name John Harem Tapp
13. Birthplace Clay County (City, town, or county) Mo. U (State or foreign country)

MOTHER
14. Maiden name Lulu Johnson
15. Birthplace Lathrop (City, town, or county) Mo U (State or foreign country)

16. (a) Informant Thomas Randal
(b) Address 2202 Bartlett
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/25/46 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cem.
18. (a) Signature of funeral director Beatrice Gray
(b) Address 812 Pacific St
19. (a) Sept. 30, 1946 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Sept day 22 year 1946 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 21, 1946 to Sept 22, 1946 that I last saw her alive on Sept 22, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Apoplexy — Duration 1 da
Due to
Due to
Other conditions None
(Include pregnancy within 3 months of death)
Major findings: Of operations None
Of autopsy None

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 [illegible] (M. D. or other) U
Address St Joseph Mo Date signed 23 Sept 46

34 (Licensed Embalmer's Statement on Reverse Side)

MAY 1 1947

OCT 24 1958

APR 4 1957

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 Earl A Clark

Licensed Embalmer No. 4238

P. O. Address St Joseph 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.