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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 837

FILED JAN 22 1948

Registration District No. _____

Primary Registration District No. 2000

Registrar's No. 27

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days
(Specify whether _____)

In this community Lifetime
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

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

(d) Street No. 879 N. Franklin
(If rural, give location) 5

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

If yes, name country _____

3. (a) PRINT FULL NAME William Woodrow Randolph

3. (b) If veteran, name war No

3. (c) Social Security No. Unk.

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased Sept 9 1915
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>31</u> | <u>4</u> | <u>XX</u> | hr. _____ min. |

9. Birthplace Reynolds County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Cab Driver

11. Industry or business _____

12. Name W.J. Randolph

13. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Sara Brewster

15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Blanche Acton

(b) Address 2231 N. Rogers

17. (a) Burial (b) Date thereof 1-12, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director W.L. Dunn

(b) Address Springfield, Mo.

19. (a) 1-10-47 (b) W. H. Handley MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 9 th
year 1947 hour 3 minute XX A., M.

21. I hereby certify that I attended the deceased from Dec 3
1947 to Jan 8 1947

that I last saw him alive on Jan. 9 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Asthma Duration _____

Cardiac insufficiency Hyphs

Due to & decompensation

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations 95%

Of autopsy _____

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? _____

While at work _____ (Specify type of place)

(a) Type of injury _____ (b) Means of injury _____

23. Signature B. Lyde B. Abbott (M. D. or other) _____

Address Springfield, Mo. Date signed 1/9/47

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

MOTHER, FATHER

111

(Licensed Embalmer's Statement on Reverse Side)

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 *W. J. McCann*.....

Licensed Embalmer No. 2727.....

P. O. Address Springfield 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.