

FILED JAN 9 1948

Registration District No. 76

Primary Registration District No. 4158

Registrar's No. 83

1. PLACE OF DEATH:

(a) County DALLAS
(b) City or town BUFFALO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 3 YRS years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DALLAS
(c) City or town BUFFALO
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME NANCY JANE RANDLEMAN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex WHITE 5. Color or race FEMALE 6. (a) Single, widowed, married, divorced WIDOWED

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

7. Birth date of deceased DEC 15 1873
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day
74 hr. _____ min.

9. Birthplace POKER CO MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business _____

12. Name PINKNEY WARREN

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

14. Maiden name PORTER

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

16. (a) Informant JOHN RANDLEMAN

(b) Address SPRINGFIELD MO

17. (a) BURIAL (b) Date thereof 12-29-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK LAWN

18. (a) Signature of funeral director L B JONES

(b) Address BUFFALO MO

19. (a) 12-31-47 (b) Miss J. A. Jones
(Date entered local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 25
year 1947 hour 6 minute 25 P.M.

21. I hereby certify that I attended the deceased from June 29, 1947 1947 to Dec. 25, 1947 1947
that I last saw her alive on Dec. 24, 1947 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Essential hypertension ?

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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? 2

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. Burnett, D.O. (M.D. or other) D.O.

Address Buffalo, Mo. Date signed 12-31-47

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

30
00

Date Filed
Date of Embalming
1-8-48
12-47-2037
DISTRICT OF COLUMBIA
HEALTH DEPARTMENT
OFFICE OF THE REGISTRAR
HEALTH DEPARTMENT
OFFICE OF THE REGISTRAR

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 Leonard P. Jones
Licensed Embalmer No. 2508
P. O. Address Buffalo 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.