S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7918

FILED APR 5 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 388

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: Missouri Methodist Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 6 hours (Specify whether years, months or days)
In this community: 26 years.

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.: 1610 Ashland Ave. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Walter Ramsay Randall
3. (b) If veteran, name war: World War #1.
3. (c) Social Security No.: 491-10-2589
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Ruth Isabelle Randall
6. (c) Age of husband or wife if alive: 45 years
7. Birth date of deceased: March (Month) 10 (Day) 1896 (Year)

8. AGE: Years	Months	Days	If less than one day
52	0	20	hr. min.

9. Birthplace: Aurora (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: President
11. Industry or business: Western Tablet & Stationary Co.
12. Name (Father): Jay Cooke Randall
13. Birthplace (Father): Unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name (Mother): Clementine Ramsay
15. Birthplace (Mother): Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant: Mrs. Ruth I. Randall
(b) Address: 1610 Ashland Ave., St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 31, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cemetery
18. (a) Signature of funeral director: Walter Meierhoffer
(b) Address: 1946 Colhoun St., St. Joseph, Mo.
19. (a) 4-1-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature) 383

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30th year 1948 hour 4 minute 30 A.M.
21. I hereby certify that I attended the deceased from 12-7, 1946 to 3-30, 1948 that I last saw him alive on 3-30, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion acute; Recurrent	Duration: 15 hrs
Due to: Arteriosclerosis	
Due to: Hypertension	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy: As above

PHYSICIAN
Underline the cause of 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: Harold J. Brunn (M. D. or other)
Address: St. Joseph, Mo. Date signed: 3-30-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

APR 23 1948

MAY 13 1948

OCT 16 1992

JUN 28 1948

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.....Elbert E. Harrington

Licensed Embalmer No.....3258 Missouri

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.