No. 2
8-43
17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 21 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11989

Registration District No. 96 Primary Registration District No. 5356 Registrar's No. 30

1. PLACE OF DEATH:
(a) County DALLAS
(b) City or town LONGLANE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 45 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County DALLAS 30
(c) City or town LONGLANE
(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 LYDA FANNIE RANDLES
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex FEMALE 1
5. Color or race WHITE 1
6. (a) Single, widowed, married, divorced MARRIED 1
6. (b) Name of husband or wife ROBERT
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased AUG 18 1871 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	6	10	hr. min.

9. Birthplace CHERRYVALE KANSAS (City, town, or county) (State or foreign country)
10. Usual occupation HOUSEKEEPER
11. Industry or business
FATHER
12. Name BENJAMINE CORNELIUS
13. Birthplace OHIO (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name SARAH JONES
15. Birthplace MO (City, town, or county) (State or foreign country)
16. (a) Informant ROBERT RANDLES
(b) Address LONGLANE MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-10-48 (Month) (Day) (Year)
(c) Place: burial or cremation PISGAH
18. (a) Signature of funeral director L B JONES
(b) Address BUFFALO MO
19. (a) 4-17-48 (Date received local registrar) (b) Mrs J. B. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APR day 7
year 1948 hour 5 minute 20 A M.
21. I hereby certify that I attended the deceased from on April 6, 1948 to , 19
that I last saw her alive on April 6, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Embolism	14 hrs
Due to Chronic Valvular Heart Disease & hypertension	DK
Due to Thrombi Embolism Axillary Artery	
Other conditions (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 0
23. Signature G. Plummer (M. D. or other) MD
Address Buffalo MO Date signed 4-12-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 3-48-431
Date Filed 4-30-48

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 Morris B. Jones

Licensed Embalmer No. 4322

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.