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
FILED JUL 13 1948
Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

Dr. Smith
State File No. 19202
Registrar's No. 539

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: Baptist Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 months (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene 39
(c) City or town: Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 701 University 60
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Lucy Golden Rand
3. (b) If veteran, name war: No
3. (c) Social Security No.: No.
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: March (Month) 28 (Day) 1868 (Year)
8. AGE: Years 80 Months 3 Days 3 If less than one day hr. min.
9. Birthplace: Springfield (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Home.
11. Industry or business:
FATHER 12. Name: Harlow Fagg
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Sarah Roberts
15. Birthplace: Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Irene Rand
(b) Address: Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/2/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Maple Park
18. (a) Signature of funeral director: H. H. Lohmeyer
(b) Address: Springfield, Mo.
19. (a) 7-2-48 (Date received local registrar) (b) M. E. Hundley M.D. (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 1 year 1948 hour 7 minute 36a. M.
21. I hereby certify that I attended the deceased from 11-16 1947, to 7-1 1948, that I last saw her alive on 7-1 1948, and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Coronary occlusion
Due to: Hypertension
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations: No
Of autopsy: No

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: Hallis Smith (M. D. or other) MD
Address: Springfield, Mo. Date signed 7-1-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

JUL 20 1948

DEC 3 1951

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.....

Licensed Embalmer No. 3808

P. O. Address Springfield Me

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.