

No. 2
-1/47
5-17-39

National Office of Vital Statistics
FILED JUN 16 1948
Registration District No. 154

Primary Registration District No. 4249

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Hillsboro
(c) Name of hospital or institution Cedar Grove Nursing Home
(d) Length of stay: In hospital or institution 5 Months
In this community 30 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jefferson
(c) City or town Festus
(d) Street No.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Hans Hanson Randen
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Martha C. Randen (Norberg)
6. (c) Age of husband or wife if years 64
7. Birth date of deceased July 2, 1866

8. AGE: Table with columns for Years, Months, Days, and If less than one day. Values: 81, 10, 14.

9. Birthplace Sweden
10. Usual occupation Laborer (Retired)
11. Industry or business
12. Name Unknown
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

16. (a) Informant Mrs. Monroe Pipkin
(b) Address 415 N. 4th., St., Festus, Mo.
17. (a) Burial (b) Date thereof 5/18/48
(c) Place: burial or cremation Festus Methodist Cem.
18. (a) Signature of funeral director
(b) Address 120 Main St., Festus, Mo.
19. (a) 5-17-48 (b) Kathleen Marden

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 16, year 1948 hour 4:35 minute A.M.
21. I hereby certify that I attended the deceased from December 5, 1947, to May 15, 1948; that I last saw him alive on May 15, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerotic heart disease with myocardial insufficiency, due to generalized arteriosclerosis & coronary sclerosis. Duration 8 1/2 years.
Other conditions: None
Major findings: Of operations
Of autopsy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature Thomas A. Donnell, M.D. Date signed 5-17-48

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

MOTHER FATHER

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.....

Donald H. Umyard Registered Apprentice No. 71
working under my personal supervision.

Signed D. H. Umyard

Licensed Embalmer No. 3010

P. O. Address Festus 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.