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. 26857

FILED SEP 7 1948

Registration District No. 124 — Primary Registration District No. 5399 — Registrar's No. 92

51 0 0

1. PLACE OF DEATH:
(a) County: Johnson
(b) City or town: Rural - Hazel Hill
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 mi. E on Valley rd 1/2 Mi. north
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 6yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Johnson
(c) City or town: Rural- Hazel Hill Township
(If outside city or town limits, write "RURAL")
(d) Street No. 1 mi. E. On valley city rd. 2 mi NORTH
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

51 0 0 0

3. (a) PRINT FULL NAME: Walter William Randles
3. (b) If veteran, name war: none
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: Mary Roxie Randles
6. (c) Age of husband or wife if alive: 74 years
7. Birth date of deceased: March (Month) 16 (Day) 1874 (Year)

8. AGE: Years 74 | Months 5 | Days 10 | If less than one day ..... hr. ..... min.

9. Birthplace: Dallas County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER
12. Name: Franklin Randles
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Sally Price
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Mary Roxie Randles
(b) Address: Warrensburg Mo. R F D # 2
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 8/28/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Maple Hill Cemetery- K.C. KANS.
18. (a) Signature of funeral director: F. L. Sikeling
(b) Address: Warrensburg Mo.
19. (a) Aug 28-48 (Date received local registrar) (b) Earl Priest (Registrar's signature) Dep

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. 26-1948 year ..... hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from June, 1948 to Aug. 1948; that I last saw him alive on Aug. 26, 1948; and that death occurred on the date and hour stated above.

	Duration.
Immediate cause of death: Generalized Arteriosclerosis	6 mo.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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: R Lee Cooper (M. D. or other)
Address: Warrensburg Mo Date signed: 8/27/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Francis Lee Schabing

Licensed Embalmer No. 4513

P. O. Address Warrensburg 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.