S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 8 1948

Registration District No. 137

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30096

Primary Registration District No. 3028

Registrar's No. 214

49
1
3

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 316 S. Fulton St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 84 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Carthage 1
(If outside city or town limits, write "RURAL")

(d) Street No. Carthage Hotel 3
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country -------

3. (a) PRINT FULL NAME ALLEN BYRON RANDALL

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased June (Month) 26 (Day) 1859 (Year)

8. AGE: Years 89 | Months 2 | Days 29 | If less than one day ..... hr. ..... min.

9. Birthplace Mercer County (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation retired laborer

11. Industry or business at home

FATHER
12. Name A. J. Randall
13. Birthplace unknown (City, town, or county) unknown (State or foreign country) 9

MOTHER
14. Maiden name Susan Long
15. Birthplace unknown (City, town, or county) unknown (State or foreign country) 9

16. (a) Informant Mrs. Henry Bowman
(b) Address Route 1, Diamond, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Sept 27, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Stone Cemetery

18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Missouri.

19. (a) 9-27-48 (Date received local registrar) (b) L. B. Clinton M.D. (Registrar's signature) 129 N.F.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 25
year 1948 hour 4 minute 00 a.M.

21. I hereby certify that I attended the deceased from Aug 22, 1948, to Sept 25, 1948;
that I last saw him alive on Sept 18, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic valvular heart disease

Due to senility

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration

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 Dr. C. C. Coates (M. D. or other)

Address Frisco Bldg - Joplin, Mo. Date signed 9-25-48

0 (Licensed Embalmer's Statement on Reverse Side)

48-9-816

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 Frank W Kuell

Licensed Embalmer No. 4440

P. O. Address Carthage

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.