

REC'D DEC 19 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 464

39422
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 2
(b) Township Washington Primary Registration District No. 42-4
(c) City Kansas City, Mo. (d) Street No. 89th & Wornall
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 88

2. PRINT FULL NAME

534 Catherine May Randolph
(a) Residence, No. 89th & Wornall St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Francis Marion Randolph

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 17, 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 10 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER 13. NAME Wm. Cornelius

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Lucinda

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) Otis Randolph
8532 Wornall Road

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hall DATE Nov. 26, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) R. V. Lindsey & Sons
3811 Broadway

20. FILED 12-3- 1938 R. V. Lindsey & Sons
Rosemary Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1938, to Nov. 24, 1938
I last saw her alive on Nov. 24, 1938 Death is said to have occurred on the date stated above, at 8:30 PM m.

The principal cause of death and related causes of importance were as follows:

Apoplexy
arterio sclerosis

Other contributory causes of importance:

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury 1938
Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ✓
(Signed) P. C. Osgood M. D.
(Address) 404 1/2 St. 15th 120-110

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1-5
404 1/2 W 75
Dr. Rogers

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. _____

P. O. Address _____

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, above space should be left blank.