

Mary Randolph Deceased.

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

5379
Do not use this space.

REC'D MAR 9 1939

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kan Primary Registration District No. 1002
(c) City Kansas City (d) Street No. K C Gen Hosp Registered No. 578
(If death occurred in hospital or institution, write its name instead of street and number) St.
(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.

2. PRINT FULL NAME

(a) Residence, No. 2714 Osales 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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-9-1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nathaniel F. Randolph

22. I HEREBY CERTIFY, That I attended deceased from 2-7-1939 to 2-9-1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1, 1866

Last saw her alive on 2-9-1939 Death is said to have occurred on the date stated above, at 10:35 pm

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 72 90- 10 8

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housework
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

Date of onset 108

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo C

Other contributory causes of importance:

13. NAME James Mills I

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Iowa Ohio board

Name of operation Date of

15. MAIDEN NAME Mary Allen

What test confirmed diagnosis? Was there an autopsy?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

17. INFORMANT (ADDRESS) Reyna Clark K C Gen Hosp K C Mo

Where did injury occur? (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn Cem. DATE 2-11-1939

Specify whether injury occurred in industry, in home, or in public place.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs. C. L. Forster, 918 Brooklyn Avenue, K.C. Mo.

Manner of injury Nature of injury

20. FILED 711 39 Dr. M. Brown Local Registrar.

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) O. De Maria, M. D.

(Address) K C Gen Hosp

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.