

REC'D AUG 22 1939

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

25865
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 404
 (b) Township Washington Primary Registration District No. 5558 Registered No. 54
 (c) City Kansas City, Mo (d) Street No. 8532 Wornall Road St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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 534 Otis Howard Randolph, Jr.

(a) Residence, No. 8532 Wornall Road 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 3rd, 1923

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
16 3 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School boy
 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) Kansas City Missouri

FATHER 13. NAME Otis Howard Randolph

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

MOTHER 15. MAIDEN NAME Pearl King

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Missouri

17. INFORMANT Mrs. Pearl Randolph
 (ADDRESS) 8532 Wornall Road

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah Cemetery Aug. 4, 1939

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

20. FILED 8-10- 1939 R. V. Lindsey & Sons
 (Address) 3811 Broadway
 Local Registrar.
By Rose H. Beck
 License Embalmer's Statement on Reverse Side

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 2nd 1939

22. I HEREBY CERTIFY, That I attended deceased from April 1939 to Aug 2, 1939
 I last saw h. Aug 2, 1939 alive on Aug 2, 1939. Death is said to have occurred on the date stated above, at 10:25 A.M.
 The principal cause of death and related causes of importance were as follows:

Tumor of Left Testicle - (Carcinoma) 1938
 Date of onset 51

Other contributory causes of importance: metastasis to abd. April 1939
& retroperitoneal space
 Name of operation Removal of left testicle Date of operation April 1938
 What test confirmed diagnosis exam + operation 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 _____, 19____
 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? no
 If so, specify _____
 (Signed) Paul J. Hunt M. D.
 (Address) 424 Prof. Bldg. K.C. Mo

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.

Dr Paul Hunt
Progressive
1-4
Huntley

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,

Roscoe H. Keeler

or by

Registered Apprentice No., working under my personal supervision.

Signed

Roscoe H. Keeler

Licensed Embalmer No. 3738

P. O. Address 3811 Broadway, K.C.

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.