

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3
Registrar's No. 49

Registration District No. 295 Primary Registration District No. 4179

1. PLACE OF DEATH:
(a) County Franklin 2
(b) City or town Sullivan
(c) Name of hospital or institution: ✓
(If not in hospital or institution, write street number & location)

(d) Length of stay: In hospital or institution no time (Specify whether years, months or days)
In this community no time (Specify whether years, months or days)

3. (a) PRINT FULL NAME Lloyd Randleman
3. (b) If veteran, name war. no 3. (c) Social Security No. none

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced 5
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive none years
7. Birth date of deceased 11-2-1939
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
none hr. min.

9. Birthplace Sullivan MO
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

MOTHER FATHER
12. Name Mal Randleman
13. Birthplace St. Louis MO
(City, town, or county) (State or foreign country)
14. Maiden name Maude Mathews
15. Birthplace Steelville MO
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Maude Mathews
(b) Address Sullivan MO

17. (a) Stanton Burial (b) Date thereof 11-3-39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Stanton

18. (a) Signature of funeral director James H. Mitchell
(b) Address St. Clair MO 937

19. (a) 11-3-39 (b) Chandler
(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Franklin
(c) City or town Sullivan
(If outside city or town limits, write "RURAL")
(d) Street No. ✓ (If rural, give location)
(e) If foreign born, how long in U. S. A. ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2nd
year 1939 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from 11/2, 1939, to 11/2, 1939
that I last saw him alive on 11/2 and that death occurred on the date and hour stated above.

Immediate cause of death Stillborn.

Due to Breech (Buttock)

Due to Pre-eclampsia

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. 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?

While at work? (Specify type of place) Means of injury

23. Signature W. E. Kotzel (M. D. or other)
Address St. Clair MO Date signed 11/2/39

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.

1939

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.