DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 5 1940

Registration District No. 165

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43056

Primary Registration District No. 5231

Registrar's No. 48

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. PLACE OF DEATH:

(a) County: Cedar

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

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cedar

(c) City or town: Stockton
(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.

3. (a) PRINT FULL NAME: Mary Jane Randolph 534

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: widowed

6. (b) Name of husband or wife: Alva Curtis Randolph

6. (c) Age of husband or wife if alive: 90 years

7. Birth date of deceased: August 14 1850 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
89	4	3	____ hr. ____ min.

9. Birthplace: Cedar County, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: ____

FATHER
12. Name: Russell Lilburn
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Blake
15. Birthplace: not Known (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Mrs Marvin Church
(b) Address: Stockton, Mo.

17. (a) Stockton (Burial, cremation, or removal) (b) Date thereof: 12/19/39 (Month) (Day) (Year)
(c) Place: burial or cremation: Stockton City

18. (a) Signature of funeral director: ____
(b) Address: Stockton, Missouri

19. (a) Dec 20. 1939 (Date received local registrar) (b) Mrs Minnie Carleton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 17 day 17 year 1939 hour 6 minute P M.

21. I hereby certify that I attended the deceased from Dec. 16, 1939, to Dec. 17, 1939; that I last saw her alive on Dec. 17, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	2 Days
Due to	
Due to	
Other conditions: None (Include pregnancy within 3 months of death)	

Major findings: Of operations: None

Of autopsy: Not Done

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 ____

23. Signature: Benard C. Adler (M. D. or other) MD
Address: Stockton, Mo. Date signed 12/20/39

(Licensed Embalmer's Statement on Reverse Side)

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 Melvin Churchill

Licensed Embalmer No. 3272

P. O. Address Stockton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.