

Registration District No. 11th FEB 14 1940

Primary Registration District No. 3020

Registrar's No. 18

1. PLACE OF DEATH: County Jasper
 (a) County Carthage
 (b) City or town Carthage
 (c) Name of hospital or institution: 1170 S. Main Str
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution none
 In this community since July 7-1916 (Specify whether years, months or days)

3. (a) PRINT FULL NAME SERENA ELLEN RANDOLPH
 3. (b) If veteran, name war no
 3. (c) Social Security No. no

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Chas Ross Randolph
 6. (c) Age of husband or wife if alive deceased years
 7. Birth date of deceased Feb. 23 1856
 (Month) (Day) (Year)

8. AGE: Years 83 Months 10 Days 28
 If less than one day hr. min.

9. Birthplace Richmond Indiana
 (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business None

MOTHER FATHER
 12. Name Melton Starbuck
 13. Birthplace Unknown Indiana
 (City, town, or county) (State or foreign country)
 14. Maiden name Anna Liza Meredith
 15. Birthplace Unknown Indiana
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lulu B. Randolph
 (b) Address 1170 S Main Str Carthage Mo

17. (a) Buried (b) Date thereof Jan 22-1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Arlton Cemetery

18. (a) Signature of funeral director J. W. Knell
 (b) Address Carthage Mo

19. (a) Jan 22, 1940 (b) E. J. Mc Intire, M. D.
 (If received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town Carthage
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1170 S Main Str.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21
 year 1940 hour 5 minute 10 A M.

21. I hereby certify that I attended the deceased from Jan 10
 _____, 1940, to Jan 21, 1940
 that I last saw her alive on Jan 25, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Influenza

Due to Senility
Chronic nephritis

Due to _____
 Other conditions (include pregnancy within 3 months of death) 121

Major findings: none
 Of operations _____
 Of autopsy none

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? _____

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

23. Signature George H. Wood (M. D. or other)
 Address Carthage, Mo Date signed 1-21-40

Duration 5 days
10 days

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.

RECEIVED

District Health Officer No. 6,

District File Number 240-474

Date Filed FEB 13 1940

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.....

Emm. R. Knell

Licensed Embalmer No.....

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P. O. Address.....

Garthage

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.