

Filled JUN 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17464

Registration District No. 125

Primary Registration District No. 5178

Registrar's No. 180

1. PLACE OF DEATH:

(a) County Cape Girardeau Mo
(b) City or town Rural
(c) Name of hospital or institution: Jackson Mo R.F.D. #5
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Rural
(d) Street No Jackson Mo R.F.D. #5
(e) If foreign born, how long in U. S. A? 0 years

3. (a) PRINT FULL NAME

LUKE JACKSON RANDOL

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex M

5. Color or race W

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

6. (b) Age of husband or wife if alive years

6. (c) Name of husband or wife Clara Schmack

7. Birth date of deceased June 22 1871

8. AGE: Years

65

Months 10

Days 10

If less than one day hr. min.

9. Birthplace

Cape Girardeau Co Mo

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name

Smith Randol

13. Birthplace

Mo

14. Maiden name

Annelle Cornbell

15. Birthplace

Mo

16. (a) Informant's own signature

St Lawrence Randol

(b) Address

Jackson Mo

17. (a)

Burial

(b) Date thereof

5-14-41

(c) Place: burial or cremation

Russell Heights

18. (a) Signature of funeral director

McClamba

(b) Address

Jackson Mo

19. (a)

5-12-41

(b)

John Thompson

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12 year 1941 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from March 4, 1941, to May 12, 1941; that I last saw him alive on May 11, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Sore throat of throat & mouth

Duration

8 mo

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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?

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

23. Signature W. W. Ford (M. D. or other)

Address Gordonville, Mo. Date signed 5/14/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

1941

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 BA Mijis

Licensed Embalmer No. 3051

P. O. Address Jackson Mo

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 174604

Registration District No. 1205

Primary Registration District No. 2778

Registrar's No. 185-

1. PLACE OF DEATH

(a) County Cape Girardeau
(b) City or town Cape Girardeau T.P.
(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
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Luke Jackson Randall
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race W
6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 65 Months 10 Days 10 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

{ 13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

{ 14. Maiden name _____

{ 15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of throat and mouth Duration _____
Due to subepiglottic rupture 3 yrs
also Pharynx many
Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) _____ (e) Means of injury _____

23. Signature W. W. Ford (M. D. or other) _____

Address Hodsonville, Mo. Date signed 7/18/47

SUPPLEMENTARY

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17464

Registration District No. 125

Primary Registration District No. 2178

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau
(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 _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Luke Jackson Banda

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

20. DATE OF DEATH: Month May day 17
year 1941 hour _____ minute _____ M.

4. Sex m

5. Color or race w

6. (a) Single, widowed, married, divorced M. I. O. A. W. E. O.

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ year

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

7. Birth date of deceased: (Month) _____ (Day) _____ (Year) _____

8. AGE: Years 65 Months 10 Days 10 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

9. Birthplace: (City, town, or county) _____ (State or foreign country) _____

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace: (City, town, or county) _____ (State or foreign country) _____

14. Maiden name _____

15. Birthplace: (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof: (Month) _____ (Day) _____ (Year) _____

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 7-19-41 (b) J. M. Thompson (Registrar's signature)

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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) _____ (e) Means of injury _____

23. Signature W. H. Ford (M. D. or other) _____

Address Cardonville Mo Date signed _____

SUPPLEMENTARY

MOTHER FATHER

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.