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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2264

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1329 Askew Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____
In this community 42 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1329 Askew Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mr. William Cassidy Randolph

3. (b) If veteran, name war. No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Betty Randolph 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased. February 3 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 4 10 hr. min.

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

10. Usual occupation Cattle Trader

11. Industry or business Self

12. Name James Randolph

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

14. Maiden name Lutie Miller

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

16. (a) Informant Mrs. Betty Randolph

(b) Address 1329 Askew Ave.

17. (a) Removal & Burial Date thereof June 16, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park -- K. C. Kans.

18. (a) Signature of funeral director O. H. Weaver's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 6/13/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13th
year 1941 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from May 15 1941 to June 13 1941

that I last saw her alive on June 12 and that death occurred on the date and hour stated above.

Immediate cause of death Renal

Due to Cardio-renal vascular disease

Due to _____

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

Major findings: Of operations 12/1a

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 Engene R. Bond (M. D. or other)

Address 1607 Kansas St. Date signed 6/13/41

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

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

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..... *A.C. Newcomer*
Licensed Embalmer No. *4043*
P. O. Address..... *A.C. Me*

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, fact should be so stated above.