

No. 2  
4-13-40  
5-17-40  
I X 3153

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL STATISTICS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

13374

State File No. ....

Registrar's No. 1859

Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town J.K.C. Mo.

(c) Name of hospital or institution St. Mary's Hospital  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 2 hrs.  
(Specify whether years, months or days) 2 hrs.

3. (a) PRINT FULL NAME Baby Randel

3. (b) If veteran, name war. \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 4-18-43  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 2 hr. min. \_\_\_\_\_

9. Birthplace K.C. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation New born

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Ivan Ellis Randel

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

14. Maiden name Vera Ella Neuman

15. Birthplace K.C. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ivan Randel

(b) Address 2181 Sawton

17. (a) Removal (b) Date thereof 4-19-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridgely, Mo.

18. (a) Signature of funeral director Ballie Mortuary

(b) Address Edgerton Mo.

19. (a) 4-19-43 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wagoner

(c) City or town K.C.  
(If outside city or town limits, write "RURAL")

(d) Street No. 2181 Sawton  
(If rural, give location)

(e) If foreign born, how long in U. S. A? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18 1943  
year 1943 hour 3:35 minute 0 M.

21. I hereby certify that I attended the deceased from 4-18-43  
\_\_\_\_\_, 19\_\_\_\_, to 4-18- 1943;  
that I last saw her alive on 4-18- 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Premature Birth About 6 hrs. Being

Due to not determined

Due to 159

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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)

(c) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address [Signature] Date signed 4/18/43

**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.....  
*not embalmed*....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Rollis Martney*.....

Licensed Embalmer No. *3947*

P. O. Address *Edgerton, 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, fact should be so stated above.**