

FILED SEP 28 1943

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County: JACKSON
(b) City or town: KANSAS CITY
(c) Name of hospital or institution: On Streetcar #1207 312 1/2 Main
(d) Length of stay: In hospital or institution: 25 years
In this community: 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: KANS. (b) County: 999
(c) City or town: 4334 State Lane
(d) Street No.: Kansas City
(e) Citizen of foreign country? (Yes) No

3. (a) PRINT FULL NAME: RANDOLPH-FRANK M.

3. (b) If veteran, name war: NO
3. (c) Social Security No. none

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

6. (b) Name of husband or wife: CHARA M.
6. (c) Age of husband or wife if alive: 38 years

7. Birth date of deceased: SEPT. 10, 1886
(Month) (Day) (Year)

8. AGE: 57 Years, No 6 Months, Days, If less than one day

9. Birthplace: Marion Co. Ind. 1
(City, town, or county) (State or foreign country)

10. Usual occupation: Stock-room-man

11. Industry or business:

12. Name: John Randolph
13. Birthplace: Marion Co. Ind. 1
(City, town, or county) (State or foreign country)

14. Maiden name: Unk
15. Birthplace: Unk
(City, town, or county) (State or foreign country)

16. (a) Informant: Ines Clara W. Randolph
(b) Address: 4334 State Lane

17. (a) Burial (b) Date thereof: 9-18-43
(c) Place: burial or cremation: Forest Hill

18. (a) Signature of funeral director: SUODARTIS
(b) Address: KCMO

19. (a) 9-17-43 (b) J.E. Brown, Reg.
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month 9 day 16
year 43 hour 4:05 P.M.

21. I hereby certify that I attended the deceased from
that I last saw him alive on
and that death occurred on the date and hour stated above.

Immediate cause of death:
Primary pneumonia
Chronic bronchitis

Due to:
Due to: 938

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

Major findings:
Of operations:
Of autopsy: Suo

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)
23. Signature: [Signature] 3
Address: [Address]
Date signed: 9/17/43

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.