

S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 3 1944

5305

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. _____

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:
2424 AGNES AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 54 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. 2424 AGNES AVENUE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MR. HENRY NELSON RANDALL
(b) If veteran, name war No
(c) Social Security No. 487-01-8089

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month DEC. day 13TH
year 1943 hour 8 minute P. M.

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS. LILLIAN J. RANDALL
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased MARCH-31-1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 13, 1943 to Dec 13, 1943; that I last saw him alive on Dec 12, 1943; and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months 8 Days 13 1/2 If less than one day _____ hr. _____ min.

Immediate cause of death Arteriosclerosis of Aorta (Non-syphilitic)
Due to _____
Due to 96

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

Other conditions Pericarditis
(Include pregnancy within 3 months of death)
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation SALESMAN

11. Industry or business RETIRED
12. Name JOHN RANDALL
13. Birthplace INDIANA
(City, town, or county) (State or foreign country)
14. Maiden name SARAH
15. Birthplace INDIANA
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. LILLIAN J. RANDALL
(b) Address 2424 AGNES AVENUE

17. (a) BURIAL (b) Date thereof DEC-16-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PARK CEM.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(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? _____
(Specify type of place)
While at work? _____ (c) Means of injury 2

18. (a) Signature of funeral director D. H. Newcomer's Son
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 12-15-43 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

23. Signature Dr. Arthur L. Picknell, D.O.
Address 6423 East 15th KC Mo. Date signed 12-14-43

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

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(Licensed Embalmer's Statement on Reverse Side)

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

R. C. Mc...

Licensed Embalmer No.

40430

P. O. Address

R. C. Mc...

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.