

FILED MAY 2, 1945

Primary Registration District No. 5572

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town "RURAL" Prairieville  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jackson Co. Emergency Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 da  
(Specify whether)

In this community Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 409 West Lexington St 11  
(If rural, give location)

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

3. (a) PRINT FULL NAME Joseph J. Randall

3. (b) If veteran, name war —

3. (c) Social Security No. 490-16-3555

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 20  
year 1944 hour 1:10 minute 0 M.

4. Sex male

5. Color or race wh

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased August 8 - 1862  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2/20 1944 to 3/20 1944  
that I last saw him alive on 3/20 1944  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

81 6 13 hr. min.

Immediate cause of death Chronic myo carditis

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

10. Usual occupation General Contractor

Due to —

Due to —

Other conditions (Include pregnancy within 3 months of death) 938

MOTHER FATHER {

11. Industry or business —

12. Name Tom N. Randall

13. Birthplace Frederick Co Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Randall

15. Birthplace Winchester Co Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Adon Randall

(b) Address 201 So. Pleasant St Indep Mo

17. (a) Burial (b) Date thereof Mar 21-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Ch + Mitchell

(b) Address 310 N Main St Indep Mo

19. (a) Mar 21, 1944 (b) F. M. Schickel  
(Date received local registrar) (Registrar's signature)

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 J. W. Greene (M. D. or other) —

Address — Date signed 3/21/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

S. No. 2  
M-2-43  
5-17-39  
X35097

**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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Henry D. Mitchell  
Licensed Embalmer No. 3925  
P. O. Address Independence, 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.**