

FILED JUN 19 1944

State File No.

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 604

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2242 Francis
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 58 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL") 7
(d) Street No. 2242 Francis
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME KENDALL BROOKS RANDOLPH

20. DATE OF DEATH: Month June day 12
year 1944 hour 4 minute 50P M.

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

21. I hereby certify that I attended the deceased from May 21 1944 to June 12 1944
that I last saw him alive on June 10 1944
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

Immediate cause of death Cerebral Apoplexy 3 wks
Due to Arteriosclerosis (general) unknown

6. (b) Name of husband or wife Addie M. Randolph 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased October 10 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 8 2 hr. min.

9. Birthplace Atlanta Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation attorney

11. Industry or business Law

12. Name Moses M. Randolph

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

14. Maiden name Josephine Monier

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

16. (a) Informant Lewis F. Randolph

(b) Address St. Joseph, Mo.

17. (a) burial (b) Date thereof 6/14/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Walter Bethe v Bowman

(b) Address 319 South 10th

19. (a) 6/14/44 (b) Walter D. Pickle
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations None

Of autopsy ✓

22. If death was due to external causes, fill in the following:

(c) 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) Means of injury _____

23. Signature Walter D. Pickle (M. D. or other) M. D.

Address St. Joseph Mo. Date signed 6-13-44

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

MOTHER FATHER

Dr. J. D. Byrnes
Cemeterly Body

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 Frank A. Bowman

Licensed Embalmer No. 1710

P. O. Address St. Joseph 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.