. S. No. 2
0M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 2, 1945

Registration District No. 712

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4134

State File No. 16638

Registrar's No. 27

1. PLACE OF DEATH:

(a) County: CLAY

(b) City or town: SMITHVILLE, MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: SMITHVILLE COMMUNITY HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 DAY (Specify whether years, months or days)

In this community: LIFETIME

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO. (b) County: PLATTE 83

(c) City or town: PLATTE CITY, MO. R.F.D. 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: GEORGIA ETTA RANDALL

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: FEMALE

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: WIDOW

6. (b) Name of husband or wife: VIRGIL RANDALL

6. (c) Age of husband or wife if living, if deceased: DECEASED 1942

7. Birth date of deceased: JULY (Month) 28, (Day) 1872 (Year)

8. AGE: Years 72 | Months 9 | Days 2 | If less than one day ___ hr. ___ min.

9. Birthplace: PLATTE COUNTY (City, town, or county) MO. (State or foreign country)

10. Usual occupation: AT HOME

11. Industry or business: FARM

FATHER
12. Name: ALFRED HOWARD HUFFORD
13. Birthplace: KY. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: MARTHA SOWARD
15. Birthplace: KY. (City, town, or county) (State or foreign country)

16. (a) Informant: MRS. J. E. MOORE

(b) Address: SMITHVILLE, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/2/'45 (Month) (Day) (Year)

(c) Place: burial or cremation: I.O.O.F. CEM. SMITHVILLE, MO.

18. (a) Signature of funeral director: McComan Funeral Home

(b) Address: Smithville, Mo.

19. (a) May 9-1945 (Date received local registrar) (b) Ruth N. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 30 year 1945 hour 1:30 minute a. M.

21. I hereby certify that I attended the deceased from April 29, 1945 to April 30, 1945 that I last saw her alive on April 30, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: E. B. Hobb (M. D. or other) MD

Address: Smithville, Mo. Date signed 6-5-45

1021

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 6/1/45

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 S. A. McDonald

Licensed Embalmer No. 2303

P. O. Address Smithville, 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.