

FILED FEB 8 1945

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 35.3

Primary Registration District No. 6196

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Texas  
(b) City or town Licking  
(c) Name of hospital or institution: Sherrill  
(d) Length of stay: \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Texas 107  
(c) City or town Licking  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? NO  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Kara Jane Randall

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 21  
year 1945 hour 10 minute 15 A M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife James L. Randall 6. (c) Age of husband or wife if alive 77 years  
7. Birth date of deceased: May 4, 1874  
(Month) (Day) (Year)

Immediate cause of death: Carcinoma of Liver

8. AGE: Years 71 Months 7 Days 17 hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

10. Usual occupation: House wife

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

11. Industry or business: \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations: Hoff  
Of autopsy: \_\_\_\_\_  
PHYSICIAN: \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

12. Name: Joseph Morse

13. Birthplace: Wagelton MO  
(City, town, or county) (State or foreign country)

14. Maiden name: \_\_\_\_\_

15. Birthplace: \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant: John S. Ramsey

(b) Address: 7316 Maple St. Lawrence MO

17. (a) Burial (b) Date thereof: 12-24-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Schrofer, Lem

18. (c) Signature of funeral director: Smith & Ferguson

(b) Address: Licking MO

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: Kara Randall M.D.  
Address: Licking MO Date signed: Jan 6 1946

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

1009416

RECEIVED

District Health Officer No.

District File Number 246234

Date Filed J-6-46

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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 Hubert E. Ferguson

Licensed Embalmer No. 3945

P. O. Address Licking 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.