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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5837

FILED FEB 19 1946

Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 662

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution 1714 Belleview (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days) 2 years

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. 1714 Belleview (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Andrew Randolph

3. (b) If veteran, name war None

3. (c) Social Security No. 434-28-3849

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife Irene Randolph

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased March (Month) 2 (Day) 1904 (Year)

8. AGE: Years 41 Months 118 Days 1 If less than one day hr. min.

9. Birthplace Jonesville, La. (City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Major
15. Birthplace Jonesville, La. (City, town, or county) (State or foreign country)

16. (a) Informant Irene Randolph

(b) Address 1714 Belleview

17. (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof 2 (Month) 8 (Day) 46 (Year)

(c) Place: burial or cremation Jonesville, La.

18. (a) Signature of funeral director Watkins Bros

(b) Address 1729 Lydia Ave

19. (a) 2-8-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3rd year 1946 hour 7:00 minute p. M.

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

Immediate cause of death Mitral Insufficiency

Due to Gall Colic

Due to Gall Stones

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 92 B

Of autopsy No-Permit

Duration (?)

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 Deputy Coroner

23. Signature J. Williams (M. D. or other)

Address 2636 Brooklyn Date signed 2-7-46

061 (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.....J. Jerome Manlove

Licensed Embalmer No.....3994

P. O. Address.....2503 Highland

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.