

S. No. 2
00M-8-43
Rev. 5-17-39
I X37823

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29720
Registrar's No. 315

FILED SEP 30 1946
Registration District No. 7

Primary Registration District No. 2008

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

1. PLACE OF DEATH:
 (a) County Callaway
 (b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: State Hospital No. 1 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 Mos. 27 Days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Hannah Randall
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F / 5. Color or race W
 6. (a) Single, widowed, married, divorced W /
 6. (b) Name of husband or wife Geo. W. Randall
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased D-K D-K 1866
(Month) (Day) (Year)

8. AGE: Years 80 Months D-K Days D-K If less than one day _____ hr. _____ min.

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

10. Usual occupation None

MOTHER FATHER

11. Industry or business _____
 12. Name James Shaughnessy
 13. Birthplace D-K
 14. Maiden name Isabelle O'Reardon
 15. Birthplace D-K

16. (a) Informant Hospital Record
 (b) Address _____

17. (a) Burial (b) Date thereof 9-24-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Independence Mo.

18. (a) Signature of funeral director Wallace Funeral Home
 (b) Address Fulton Mo.

19. (a) 9-24-1946 (b) Joan M. Mueselhoff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Ma. (b) County Jackson 14
 (c) City or town Independence
(If outside city or town limits, write "RURAL")
 (d) Street No. D-K
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23
 year 1946 hour 5 minute 0 A. M.
 21. I hereby certify that I attended the deceased from March
27, 1946, to Sept. 23, 1946
 that I last saw her alive on Sept. 22, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic Myocarditis
Gen. Atherosclerosis
 Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations 93D
 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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature Thos. J. Coemer (M. D. number) 0
 Address Fulton Date signed 9/23/46

28550

RECEIVED
District Health Officer No. 9,
District File Number 9-46-196
Date Filed 9-30-46

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 Benjil C. Browning
Licensed Embalmer No. 2724
P. O. Address Fulton 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.