

S. No. 2
-12-45
5-17-39
K47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 14 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9336**
Registrar's No. **1532**

Registration District No. **149** Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **Research Hospital**
(d) Length of stay: In hospital or institution **5 Weeks**
In this community **49 Years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **4709 Grand Avenue**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **MRS. MARY TRACY RANDOLPH**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Joseph Freeman Randolph** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **March 10th. 1858**

8. AGE: Years **89** Months **0** Days **22** If less than one day hr. min.

9. Birthplace **Pickney Missouri**

10. Usual occupation **At Home**

11. Industry or business

MOTHER FATHER

12. Name **August Busekrus**

13. Birthplace **Germany**

14. Maiden name **Mary Tracy Thorsen**

15. Birthplace **Switzerland**

16. (a) Informant **Miss Mary Ella Randolph**

(b) Address **4709 Grand Avenue**

17. (a) **Burial** (b) Date thereof **4 - 3 - 1947**

(c) Place: burial or cremation **Forest Hill Cemetery**

18. (a) Signature of funeral director **Freeman Mortuary & Chapel**

(b) Address **104 West 42nd. St. Kansas City, Mo.**

19. (a) **4-2-47** (b) **Geraldine Holmes**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4** day **1**
year **1947** hour **2:40** minute **9** 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.

Immediate cause of death **Thrombo-embolism**

Due to **acute ischemia**

Due to **fractured left pelvis**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **1860**

Of autopsy **no history of angina**

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

(c) Accident, suicide, or homicide (specify) **accident**

(b) Date of occurrence **2-26-47**

(c) Where did injury occur? **in father's car**

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? **no** (Specify type of place) (e) Means of injury **Fall**

23. Signature **James Walker** (M. D. or other) **Walker**

Address **1424 Myrtle** Date signed **4-1-47**

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

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.