

No. 2
8-13
17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12272

FILED MAR 25 1947
Registration District No. 370

Primary Registration District No. 6258

Registrar's No. 8

1. PLACE OF DEATH:

(a) County WAYNE
(b) City or town SILVA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 4.5 YR.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WAYNE III
(c) City or town SILVA
(If outside city or town limits, write "RURAL")
(d) Street No. NONE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MURRAY A. RANDALL

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MANLY RANDALL 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased JAN. 29 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 1 7 ✓ hr. ✓ min.

9. Birthplace PICDMONT MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARM

MOTHER FATHER { 12. Name THOMAS J. RANDALL
13. Birthplace TENN.
(City, town, or county) (State or foreign country)
14. Maiden name JANE WORLEY
15. Birthplace TENN.
(City, town, or county) (State or foreign country)

16. (a) Informant CHARLES RANDALL
(b) Address GREENVILLE, Mo.

17. (a) BURIAL (b) Date thereof MAR 9 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SILVA, Mo.

18. (a) Signature of funeral director T. W. Gish

(b) Address Piedmont, Mo.

19. (a) 317-47 (b) Mabel Beasley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR. day 6
year 1947 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from 3-6-47 19, to 3-6-47 19;
that I last saw him alive on 3-6-47 19,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endo Carditis 4 or 5 yrs
Due to this attack only Duration 3 or 4 yrs

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 92D 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) _____ (c). Means of injury 0

23. Signature John F Wagner (M. D. or other) M.D.
Address Greenville, Mo. Date signed 3-9-47

RECEIVED

District Health Officer No. 4
District File Number 347-388
Date Filed 3-24-47

MAR 27 1947

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.....

me

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Norman W. Gish*

Licensed Embalmer No. 3387

P. O. Address *Piedmont 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. AprilRegistration District No. 370Primary Registration District No. 6258Registrar's No. 8

1. PLACE OF DEATH:

(a) County Wayne
 (b) City or town Selina
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether

In this community _____ (Specify whether
 years, months or days)

3. (a) PRINT
FULL NAMEMurray A. Randall

(b) If veteran,
 name war _____

3. (c) Social Security
 No. _____

4. Sex M 5. Color or
 race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Jan 29 1929

(Month) (Day) (Year)

8. AGE:

Years 81 Months _____ Days _____
 (If less than one day
 hr. _____ min. _____)

9. Birthplace

(City, town, or county) (State or foreign country) Mo

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) _____ (b) Date thereof _____

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) March 7-47

(Date received local registrar)

(b) Nabel Bousley

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
 (c) City or town _____
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 6
 year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

Duration

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 sta-
 tistically.

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 _____

Signature _____ (M. D. or other) _____
 Address _____ Date signed _____

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

22221

Stearns, M. C.

ms. mass of Boarley