

S. No. 2
1-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 20 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2000
Registrar's No. 79

Registration District No. 276 Primary Registration District No. 5944

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town St James Road
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
✓ 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 50 yrs (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Lurina A 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 wid
6. (b) Name of husband or wife Paul Randall 6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased 6 (Month) 20 (Day) 1888 (Year)

8. AGE: Years 93 Months 6 Days 23 If less than one day
hr. _____ min. _____

9. Birthplace St Louis - MO (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____
12. Name Dora Knier
13. Birthplace _____ (City, town, or county) (State or foreign country) 9
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country) 9

16. (a) Informant John Holman
(b) Address Rosati mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation Hughes com

18. (a) Signature of funeral director Franklin J. Hoyle
(b) Address St James
19. (a) Jan 13, 48 (Date received from registrar) (b) Cara C. Birmingham (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State mo (b) County Phelps
(c) City or town St James Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Dawson Trpk. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 10
year 1948 hour 10:30 minute 0 M.
21. I hereby certify that I attended the deceased from January 16,
1946 to January 10, 1948
that I last saw her alive on January 6, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 4 days
Due to Hypertension 4 years

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

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy Q3A
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 W. H. Hammer (M. D. _____)
Address St. James, Mo Date signed 1.13.48

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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.....

Carly Glenn....., Registered Apprentice No. *57*
working under my personal supervision.

Signed.....

W. F. Locksides
.....
Licensed Embalmer No. *3191*

P. O. Address *St James, 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.