

S. No. 2
M-1/47
v. 5-17-39

National Office of Vital Statistics
FILED FEB 17 1948
Registration District No. **949**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**

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

(c) Name of hospital or institution:
2404 Park Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **21 Years**
(Specify whether years, months or days)

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. **2404 Park Avenue**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Rev. James Henry Randall**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

4. Sex **Male**

5. Color or race **Negro**

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

6. (b) Name of husband or wife **Marybelle Randall**

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

7. Birth date of deceased **August 26, 1888**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	59	5	7 hr. min.

9. Birthplace **Guthery, Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **Minister**

11. Industry or business.....

12. Name **James H. Randall Sr.**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Madeline Randall**

(b) Address **2404 Park Avenue**

17. (a) **Burial** (b) Date thereof **2/6/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland Cemetery**

18. (a) Signature of funeral director **Madeline Randall**

(b) Address **1729 Lyda Ave.**

19. (a) **2-4-48** (b) **Madeline Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **3rd**
year **1948** hour **7** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **Jan 30** 19**47** to **Feb. 3** 19**48**
that I last saw him alive on **Feb. 1** 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death:
Hypertension type I heart disease & Bronchopneumonia
Due to **Aortic Regurgitation**

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN
Underline the cause of 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 the place)

23. Signature **Roger Holmes**
Address **1930 Pine St.** Date signed **2-4-48**

Dr. Fleming

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. 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.