

S. No. 2
M-5-43
7-5-17-39
1 X3667

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35431
Registrar's No. 59

FILED OCT 27 1948
Registration District No. 366

Primary Registration District No. 6242

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

1. PLACE OF DEATH:
(a) County Washington
(b) City or town CANNON MINES (RURAL)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 KINGSTON TRG
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Washington
(c) City or town CADET (RURAL)
(If outside city or town limits, write "RURAL")
(d) Street No. RT. #1 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MILDRED FAY RANDOLPH
(b) If veteran, name war no
(c) Social Security No. no

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 22, 1948
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 26 hr. min.

9. Birthplace CADET R#1 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____
11. Industry or business _____

MOTHER FATHER { 12. Name HASKELL E. RANDOLPH
13. Birthplace St. Louis MO
(City, town, or county) (State or foreign country)
14. Maiden name RACHEL H. GRAHAM
15. Birthplace BUNKER MO
(City, town, or county) (State or foreign country)

16. (a) Informant MILDRED MYERS
(b) Address CADET, MO
17. (a) BURIAL (b) Date thereof OCT. 19-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation BUNKER, MO

18. (a) Signature of funeral director BOYER FUNERAL HOME
(b) Address POTOSI, MO
19. (a) 10-19-48 (b) Patricia Randall
(Date received local registrar) (Registrar's signature) MA

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 18
year 1948 hour 10 minute P.M.
21. I hereby certify that I attended the deceased from 10/1/48
1948 to 10/18/48 1948
that I last saw him alive on 10/18/48 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Infection of Intestine
(Nausea vomiting diarrhea)
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
119A
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 transport _____
23. Signature Patricia Randall (Physician or other)
Address Potosi MO Date signed 10/19/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1048-133

Date Filed 10-26-48

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 Howard Higginbotham

Licensed Embalmer No. 4578

P. O. Address Potosi 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.