

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **36196**

FILED DEC 6 1948

Registration District No. **128**

Primary Registration District No. **2000**

Registrar's No. **1025-A**

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution:
820 Benton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In-hospital or institution 69 years
(Specify whether years, months or days)

In this community 69 years
(Specify whether years, months or days)

3: (a) PRINT FULL NAME EDGAR D RAND

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Lou Bell Rand

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

7. Birth date of deceased December 24 1958
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day hr. min.
<u>89</u>	<u>10</u>	<u>29</u>	

9. Birthplace Manchester New Hampshire
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Brickmaker

11. Industry or business

MOTHER FATHER

12. Name John Harriman

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 Edgar Rand

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 11-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 11-29-48 (b) W J Harshey MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene **39**

(c) City or town Springfield
(If outside city or town limits, write "RURAL")

(d) Street No. 820 Benton
(If rural, give location)

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

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month November day 23
year 1948 hour 7 minute 00 P. M.

21. I hereby certify that I attended the deceased from July 1946 to 11-23-48, 19...
that I last saw him alive on 11-20-48, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Degenerative Heart Disease
& Generalized Atherosclerosis **2745**

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations C.M.D.

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) (e) Means of injury

23. Signature W J Harshey MD (M. D. or other)
Address Springfield, Mo Date signed 11-23-48

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 *Jewell E. Kiddle*

Licensed Embalmer No. *2831*

P. O. Address *Springfield 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.