

FILED APR 13 1947
36

Registration District No. _____

Primary Registration District No. **6128**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Shannon**
(b) City or town **Rural, Eminence Int**
(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 _____
years, months or days

3. (a) PRINT FULL NAME

Lucian Otto Randolph

(b) If veteran, name war _____

(c) Social Security No. _____

4. Sex **M**

5. Color or race **A**

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

6. (b) Name of husband or wife **Carrie Randolph**

6. (c) Age of husband or wife if alive **63** years

7. Birth date of deceased **Sept**

(Month)

9 - 1881

(Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

65

6

1

hr. min.

9. Birthplace _____

(City, town, or county)

MO

(State or foreign country)

10. Usual occupation **Farm**

11. Industry or business _____

12. Name **M. J. Randolph**

M. J. Randolph

13. Birthplace _____

(City, town, or county)

Ala

(State or foreign country)

14. Maiden name **Cordelia Smith**

Cordelia Smith

15. Birthplace _____

(City, town, or county)

Ill

(State or foreign country)

16. (a) Informant **Opal Cole**

Opal Cole

(b) Address **1237 Fairfax Lane, Bernardino Cal**

1237 Fairfax Lane, Bernardino Cal

17. (a) **Burial**

Burial

(b) Date thereof _____

(Month) (Day) (Year)

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

Staples Cemetery

18. (a) Signature of funeral director **McKean**

McKean

(b) Address **41047**

41047

19. (a) _____

Mike Reem

(b) _____
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Shannon 101**
(c) City or town **Rural, Eminence Int**
(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 **Mar** day **14**
year **1947** hour _____ minute _____ M.

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

Immediate cause of death

Coronary Thrombosis

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 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 **Frank Dyce**

Frank Dyce

(M. D. or other) **Coron**

Address **Eminence MO**

Eminence MO

Date signed **3-14-47**

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

MOTHER FATHER

APR 14 1950

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.....

Licensed Embalmer No.....

P. O. Address.....

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.