

DEC'D APR 15 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH11130
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 410
 (b) Township Jesters Primary Registration District No. 4243 Registered No. 6
 (c) City Jasper (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred 3 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

George Herbert Redmond
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Larris Elizabeth Redmond

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 11 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. farmer
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osthemo Mich.

FATHER 13. NAME Michael Redmond

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newburg N. Y.

MOTHER 15. MAIDEN NAME Elizabeth Jervis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grange Co N. Y.

17. INFORMANT (ADDRESS) Mrs. Frank Crow Jasper Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE Mar 5 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Phos & Peeter Jasper Mo

20. FILED Mar 10 1939 Clara E. Coarso Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2 1939

22. I HEREBY CERTIFY, That I attended deceased from February 5 1939 to March 2 1939
 I last saw him alive on March 2 1939. Death is said to have occurred on the date stated above, at 10⁰⁰ p. m.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis, with terminal uremia Date of onset ?
Arteriosclerotic heart disease ?

Other contributory causes of importance: 171

Name of operation _____ Date of _____

What test confirmed diagnosis? urinalysis Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Chas. H. Shell Jr. M. D.

(Address) Jasper, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-1184

Date Filed APR 3 1939

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,

Chas. J. Teeter

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed *Chas. J. Teeter*

Licensed Embalmer No. 2566

P. O. Address *Gasper 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, above space should be left blank.