OCT 9 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

31962
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan,
(b) Township or (c) City Washington,
Registration District No. 86
Primary Registration District No. 5127
Registered No. 962
(d) Street No. 11 Mi. So. of St. Joseph Mo. Sante Fe St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 316 Eldridge R. Redfearn

(a) Residence, No. R. F. D. # 5, St. Joseph, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Mary Leonora Redfearn,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 11, 1864

7. AGE: Years 75 | Months 0 | Days 6 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Floorman
9. Industry or business in which work was done, as saw mill, bank, etc. Retail Dry Goods
10. Date deceased last worked at this occupation (month and year) September 1939.
11. Total time (years) spent in this occupation 52

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene County, Missouri, O

FATHER
13. NAME Jesse Redfearn O
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gorin Co Mo. O

MOTHER
15. MAIDEN NAME Mary Baker,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gorin Co Mo.

17. INFORMANT Mrs E. R. Redfearn
(ADDRESS) R. F. D. # 5, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Jo. Mem. Park DATE Sept. 20 1939

19. FUNERAL DIRECTOR (NAME) Heston-Beyer-Baum
(ADDRESS) St. Joseph, Mo. Funeral Home

20. FILED 9/20 1939 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 17th 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1939, to Sept 17, 1939
I last saw him alive on Sept 16, 1939. Death is said to have occurred on the date stated above, at 9:40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	9-16-39

Other contributory causes of importance:
Arterio-sclerosis, general Unknown

Name of operation None Date of
What test confirmed diagnosis? Clinical 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

(Signature) [signature], M. D.
(Address) [signature]

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-9-19-38 I X16605

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 10/6/

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 Sept 18, 195

✓, Registered Apprentice No. ✓,

working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 So 10th St Joseph

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.