

REC'D DEC 15 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

39700  
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 328  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3017 Registered No. \_\_\_\_\_  
 (c) City IRENTON (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

MOLLIE REDMOND  
 (a) Residence, No. 1543 Merrill Pl 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 Female 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
about 77

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper  
 9. Industry or business in which work was done, as saw mill, bank, etc. Home  
 10. Date deceased last worked at this occupation (month and year) Sept. 16, 1939 11. Total time (years) spent in this occupation 70 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sherrada County Missouri

FATHER 13. NAME Jack Gannon 0  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Missouri 0

MOTHER 15. MAIDEN NAME unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Miss Jessie Walker Trenton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Merrill Pl DATE Oct. 1, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John James Home Trenton, Mo.

20. FILED 9-29-39 Irene W. Saw Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1939 to Sept 28, 1939  
 I last saw her alive on Sept 27, 1939. Death is said to have occurred on the date stated above, at 8:30 a.m.  
 The principal cause of death and related causes of importance were as follows:

Acute Nephritis Date of onset 9-17-39

Other contributory causes of importance: None

Name of operation Clinical 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 \_\_\_\_\_  
 (Signed) DOR Rooks, M. D.  
 (Address) Trenton Mo.

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

130

CINCINNATI No. 11,  
1239-1609  
DEC 4 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,

or by Robert B. Davis

Registered Apprentice No. 212, working under my personal supervision.

Signed Raymond A. Davis

Licensed Embalmer No. 3434

P. O. Address Trenton, 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.

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

39700  
Do not use this space.

1. PLACE OF DEATH  
(a) County Grundy Registration District No. 328  
(b) Township Prentiss Primary Registration District No. 3017 Registered No. ....  
(c) City Prentiss (d) Street No. ....  
(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 Mollie 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

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE B 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28 1939

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

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19...

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

I last saw h. .... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

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

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

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

acute nephritis Date of onset  
exacerbation from chronic nephritis

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

Other contributory causes of importance:  
none

FATHER 13. NAME  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Name of operation Ameh Date of no  
What test confirmed diagnosis? Ameh Was there an autopsy? no

MOTHER 15. MAIDEN NAME  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

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.

17. INFORMANT (ADDRESS)

Manner of injury  
Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify

19. FUNERAL DIRECTOR (ADDRESS)

(Signed) O. R. Roosa, M. D.  
(Address) Prentiss Mo

20. FILED 19 Local Registrar

SUPPLEMENTAL

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

