FILED MAY 15 1940

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

15563
Do not use this space.

1. PLACE OF DEATH
(a) County Morgan — Registration District No. 597
(b) Township Moreau — Primary Registration District No. 5792 — Registered No.
(c) City Barnett — (d) Street No. 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 Elizabeth Redman
(a) Residence, No. Barnett, 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 29th 1859

7. AGE: Years 81 | Months | Days 1 | If LESS than 1 day, hrs. or min.

OCCUPATION
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

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

FATHER
13. NAME Richard Redman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co MO

MOTHER
15. MAIDEN NAME Polly Ann Stinson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monitean Co MO

17. INFORMANT (ADDRESS) Mrs T A Dilse Barnett MO

18. BURIAL, CREMATION, OR REMOVAL
Mount Morich Cenetary DATE May 1 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Yowe Untertaker Barnett MO

20. FILED 5/10 1940 H E Collison
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30th 1940

22. I HEREBY CERTIFY, That I attended deceased from Mar 30, 1940, to Apr 30, 1940
I last saw her alive on Mar 30, 1940. Death is said to have occurred on the date stated above, at 12:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterial sclerosis	unknown

Other contributory causes of importance: unknown

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

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) A J Guan, M. D.
(Address) Versailles, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 7,
District File Number 5-46-843
Date Filed 5-13-46

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, above space should be left blank.