

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **3244**

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **3902 Paseo Blvd.** **2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community **Life**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

**0** Mo. **Jackson**  
(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3902 Paseo Blvd.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **Mrs Roy Josephine Redding**  
352  
3. (b) If veteran, name war **No**  
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **August** day **15th**  
year **1940** hour **11 A.M.** minute \_\_\_\_\_ M.  
21. I hereby certify that attend \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_  
Duration \_\_\_\_\_

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Lawrence G. Redding** 6. (c) Age of husband or wife if alive **47** years  
7. Birth date of deceased **Jan 11, 1884**  
(Month) (Day) (Year)

Due to **Hemopericardium** **4/15**  
**Rupture of the aorta**  
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

8. AGE: Years **58** Months **6** Days **4** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Kearney, Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name **Joseph Gourdneay**  
13. Birthplace **Liberty, Mo.** (City, town, or county) (State or foreign country)  
14. Maiden name **Mallie O'Nan**  
15. Birthplace **Kearney, Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Lawrence G. Redding**  
(b) Address **3902 Paseo Blvd.**

17. (a) **Burial** (b) Date thereof **Aug 17, 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Scovoy, Mo.**

18. (a) Signature of funeral director **Thomas E. Quirk Funeral Home**  
(b) Address **4316 Troost Ave.**

19. (a) **Aug. 16, 1940**  
(Date received local registrar) (Registrar's signature)

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?  
Specify type of place \_\_\_\_\_  
23. Signature **K. P. Mow** (M. D. or other)  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

**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. 3775

P. O. Address A. C. The

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**