

Registration District No. 1035

Primary Registration District No. 5372

Registrar's No. 7

1. PLACE OF DEATH:

(a) County DEPT Texas
(b) City or town Maples
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County De Witt
(c) City or town Maples
(If outside city or town limits, write "RURAL"
(d) Street No. Maples
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 3
year 1941 hour _____ minute 5/10 M.

21. I hereby certify that I attended the deceased from Mar 27 1941 to Apr 3 1941
that I last saw her alive on Mar 27 1941
and that death occurred on the date and hour stated above.
Immediate cause of death Influenza Duration _____

3. (a) PRINT FULL NAME CELIA MAUND REDDICK

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Fe 1 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Ransom A. Reddick 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 20 1853
(Month) (Day) (Year)

8. AGE: Years 88 Months 7 Days 13 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Janes A. Venters

13. Birthplace Mo
(City, town, or county) (State or foreign country)

14. Maiden name Murphy

15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant John Reddick
(b) Address Maples

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____
18. (a) Signature of funeral director _____
(b) Address _____
19. (a) Apr 4 1941 (b) J. A. Kussok
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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?
While at work? _____ (Specify type of place) (f) Means of injury _____

23. Signature J. A. Kussok (M. D. or other) _____
Address Maples Date signed 4/4/41

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 5,

District File Number. 5 411619

Date Filed _____

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, fact should be so stated above.