No. 2
11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 5 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14417

Registration District No. 1061 Primary Registration District No. 5385 Registrar's No. 44

1. PLACE OF DEATH:

(a) County DOUGLAS

(b) City or town MILLER TWP.
(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 ____ (Specify whether
In this community 19 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DOUGLAS 34

(c) City or town MILLER TWP-RURAL 0
(If outside city or town limits write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Leo Redrick

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex MALE 0 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Goldie (McGowen) 6. (c) Age of husband or wife if alive 18 years

7. Birth date of deceased APRIL (Month) 11 (Day) 1921 (Year)

8. AGE: Years 19 Months 11 Days 11 If less than one day ____ hr. ____ min.

9. Birthplace DOUGLAS CO (City, town, or county) O MISSOURI (State or foreign country)

10. Usual occupation FARM LABORER

11. Industry or business ____

FATHER
12. Name RALPH REDRICK
13. Birthplace DOUGLAS CO (City, town, or county) O MISSOURI (State or foreign country)

MOTHER
14. Maiden name GIBRALLA LITES
15. Birthplace DOUGLAS CO (City, town, or county) O MISSOURI (State or foreign country)

16. (a) Informant V.O. Borders
(b) Address MANSFIELD MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR 23-41 (Month) (Day) (Year)
(c) Place: burial or cremation PRAIRIE HOLLOW CEM.

18. (a) Signature of funeral director F.A. Staffe
(b) Address Mansfield Mo.

19. (a) 4-1 1941 (Date received local registrar) (b) Reba King White (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR day 22
year 1941 hour 3 minute 0 P.M.

21. I hereby certify that I attended the deceased from March 1, 1941, to March 22, 1941; that I last saw him alive on March 22, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death G.B. of Lungs

Due to ____

Due to ____

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

Major findings:
Of operations ____
Of autopsy ____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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)
While at work? ____ (e) Means of injury ____

23. Signature [signature] (M. D. or other) 1941
Address [illegible] Date signed 3/2

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 541-676
Date Filed May 2 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was NOT embalmed ~~by me, or by~~ .....

..... Registered Apprentice No. .....

working under my personal supervision.

Signed F. A. Stiffe

Licensed Embalmer No. 3221

P. O. Address Springfield Mo

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

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