

Registration District No. 575

Primary Registration District No. 4339

Registrar's No. _____

FILED JUN 11 1941

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

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town Tipton
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community Life
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town Tipton
(d) Street No. _____
(e) If foreign born, how long in U. S. A. Native years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th
year 1941 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from Apr.
1941 to May 6th 1941:
that I last saw h. l. m. alive on May 6th 1941:
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio sclerosis

Due to Sensitivity

Due to _____

Other conditions Acute cystitis
(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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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

23. Signature J. F. Potts (M. D. or other) 0
Address Tipton Mo. Date signed 5-8-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Squire Howard Redmon

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sallie Redmon 6. (c) Age of husband or wife if alive 87 years

7. Birth date of deceased August 19 1854
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 8 18 hr. _____ min.

9. Birthplace Moniteau County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Medical Doctor

11. Industry or business Medical Doctor

12. Name William S. Redmon

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

14. Maiden name Sarah Howard

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

16. (a) Informant Mrs. Ella Hays

(b) Address 6407 Blount St. St. Louis, Mo.

17. (a) Burial (b) Date thereof 5-9-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tipton Masonic Cem.

18. (a) Signature of funeral director J. F. Potts

(b) Address Tipton Mo.

19. (a) May 8-41 (b) Mrs. Sarah Joyce
(Date received local registrar) (Registrar's signature)

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 me

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

working under my personal supervision.

Signed.....

James E. Richards
Licensed Embalmer No. 2466
P. O. Address Tipton, 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.