

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

DEC 18 1941 9/27

Registration District No. ....

Primary Registration District No. 4055

Registrar's No. 28

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

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Braymer, Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Home, Braymer Mo  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community 35 yrs  
years, months or days

3. (a) PRINT FULL NAME William M. Redrop, Lee

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race white

6. (a) Single, married, divorced widowed

6. (b) Name of husband or wife Mary Susan Lee

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased November 15 1960  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>80</u>	<u>11</u>	<u>17</u>	hr. min.

9. Birthplace Painesville Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer & Banker

11. Industry or business Retired

12. Name Richard Lee

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

14. Maiden name Mary Elizabeth Robinson

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

16. (a) Informant Mrs Ruth Hunt

(b) Address Braymer, Mo

17. (a) Burial (b) Date thereof 11-4-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Progressive Cem

18. (a) Signature of funeral director Bernard T. Mead

(b) Address Braymer, Mo

19. (a) Nov. 4, 41 (b) W. H. Peterson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell 13

(c) City or town Braymer  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2  
year 1941 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 1, 1941, to Nov. 2, 1941; that I last saw him alive on Nov. 2, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to General Arteriosclerosis?

Due to \_\_\_\_\_

Other conditions ✓  
(Include pregnancy within 3 months of death) 94a

Major findings: Of operations ✓

Of autopsy none

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)

(e) Means of injury ✓

23. Signature Geo. S. Dowell (M. D. or other) ✓

Address Braymer, Mo Date signed Nov 2, 41

Duration Short

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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

*Bernard T. Mead*

Licensed Embalmer No.

*2801*

P. O. Address

*Brainerd, 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, fact should be so stated above.**