S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6713

Registration District No. FILED MAR 13 1942

Primary Registration District No. 2001

Registrar's No. 98

39
2
6

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

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: 702 N. Clay Ave (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None. (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield (If outside city or town limits, write "RURAL") 2

(d) Street No. 702 N. Clay Str (If rural, give location) 6

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

3. (a) PRINT FULL NAME Andrew Ellis Redd

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race Colored

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dolly Redd

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased March (Month) 20 (Day) 1875 (Year)

8. AGE: Years 66 Months 10 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace Unknown (City, town, or county) Texas (State or foreign country)

10. Usual occupation Janitor

11. Industry or business None

FATHER
12. Name Henderson Redd
13. Birthplace Unknown (City, town, or county) Texas (State or foreign country)

MOTHER
14. Maiden name Mary Morgan
15. Birthplace Unknown (City, town, or county) Texas (State or foreign country)

16. (a) Informant Dolly Redd

(b) Address 702 N. Clay

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-6-42 (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Mem.

18. (a) Signature of funeral director W. P. Campbell

(b) Address 867 Washington Ave

19. (a) 2-6-42 (Date received local registrar) (b) Dr W. S. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14 year 1942 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 16 1941, 19.. to Feb 11, 1942 that I last saw him alive on Feb 11, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis, Chronic.	1 m
Due to Senility - Age near 93	
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.

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 N

23. Signature Don H Selby (M. D. or other) MD

Address Springfield Mo Date signed 2/6/42

184 (Licensed Embalmer's Statement on Reverse Side)

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 N. P. Campbell, Registered Apprentice No. _____ working under my personal supervision.

Signed N. P. Campbell

Licensed Embalmer No. 1747

P. O. Address Springfield

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.