

10965

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 20 1948

Registration District No. 398

Primary Registration District No. 5554

Registrar's No. 74

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Rural BLUE TWP.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lafoon Home - 43rd and Blue Ridge
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 3 months 2 (Specify whether
years, months or days)

3. (a) PRINT FULL NAME ALVIN ROSS REDDINGTON

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary Elizabeth Reddington 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 4 1864
(Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Irving Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name James Reddington

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

14. Maiden name Mary Manuel

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

16. (a) Informant's own signature Edwin Reddington

(b) Address 51st and Raytown Rd

17. (a) Removal (b) Date thereof 3/10/1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Irving, Kansas

18. (a) Signature of funeral director C. W. Schubert

(b) Address Lawrence Kansas

19. (a) March 17 42 (b) James Ross
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 51st and Raytown Rd.,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 19 year 1948 hour 1 minute 30 AM.

21. I hereby certify that I attended the deceased from Jan 9 1948 to Mar 9 1948

that I last saw him alive on Mar 9 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 10 weeks
Bordering on coma

Due to Nephritis from Astoria 2 yrs

Due to _____

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

Major findings: Of operations BIB

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) (e) Means of injury _____

23. Signature P. L. Hoffman (M. D. or other) _____

Address Raytown Mo Date signed 3-10-48

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Rev. 6-17-39 1 x1951

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Must M. Shulstif

Licensed Embalmer No

3993

P. O. Address

K. C. 125.

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.