

FILED JUN 22 1942

Registration District No. 376

Primary Registration District No. 4337

Registrar's No. 7

1. PLACE OF DEATH
(a) County Montana
(b) City or town Tipton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether
In this community Forty yrs years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Montana
(c) City or town Tipton
(If outside city or town limits, write "RURAL")
(d) Street No. Howard St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SAMANTHA A. REDMAN
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 17
year 1942 hour Nine minute 30 PM
21. I hereby certify that I attended the deceased from May 17 1942 to May 17 1942
that I last saw her alive on May 17, 1942 at 4:PM
and that death occurred on the date and hour stated above.

4. Sex F 3 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Taylor Redman 6. (c) Age of husband or wife 75 years
7. Birth date of deceased Unknown
(Month) (Day) (Year)

Immediate cause of death acute cardiac dilatation
Duration _____
Due to General systemic condition due to previously diagnosed breast malignancy
Other conditions (Include pregnancy within 3 months of death) _____

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

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace California Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Self

12. Name Berry Counselor

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

14. Maiden name Unknown

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

16. (a) Informant Dora Redman
(b) Address Kansas City, Mo

17. (a) Burial (b) Date thereof 5-20-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation More Daniel ground
18. (a) Signature of funeral director F. B. Ferguson
(b) Address Sedalia
19. (a) May 19 1942 (b) Mrs. Leo Ferguson
(Date received local registrar) (Registrar's signature)

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 C. D. Lake (M.D. or other) _____
Address Tipton, Mo. Date signed 5/19/42

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

5390

871

SEP 11 1949

NOV 29 1949

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 F. D. Ferguson

Licensed Embalmer No. 2172

P. O. Address Sedalia

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18539

Registration District No. 376

Primary Registration District No. 4337

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Moniteau

(b) City or town Linton
(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 years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Moniteau

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

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Samantha A Redman

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from May 17 to May 17, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration _____

4. Sex F 5. Color or race B 6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased: unk
(Month) (Day) (Year)

8. AGE: Years unk Months _____ Days _____
If less than one day _____ min.

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

10. Usual occupation _____

11. Industry of business _____

12. Name _____

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

14. Maiden name _____
(City, town, or county) (State or foreign country)

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

General. Malignancy

Due to _____

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? _____

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

23. Signature C. D. Drake _____
(M. D. or other)

Address Linton, Mo Date signed 5/17/42

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

SUPPLEMENTARY

