

FILED JUL 13 1942

Registration District No. 408

Primary Registration District No. 5565

Registrar's No. 134

1. PLACE OF DEATH:

(a) County **Jasper**

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

(c) Name of hospital or institution:  
**Route #3, Carthage**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
**9 Years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Helen Redeem**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **3 divorced**

6. (b) Name of husband or wife **Louis Redeem**

6. (c) Age of husband or wife if alive **? 1880s**

7. Birth date of deceased **May 21, 1880**  
(Month) (Day) (Year)

8. AGE: Years **62** Months **1** Days **6**  
If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business .....

MOTHER FATHER { 12. Name **Joseph Bryson**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Mrs. Otto Osborn**

(b) Address **Route #3, Carthage, Mo.**

17. (a) **Burial** (b) Date thereof **6-30-1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Park Cemetary**

18. (a) Signature of funeral director **Ed. C. Ulmer**

(b) Address **1208 Garrison Ave., Carthage, Mo.**

19. (a) **June 29, 1942** **E. Elizabeth Cooper**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper 49**

(c) City or town **Rural** **0**  
(If outside city or town limits, write "RURAL")

(d) Street No. **Route #3, Carthage** **0**  
(If rural, give location)

(e) Citizen of foreign country? **No** **0** (Yes or No)  
If yes, name country .....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **27**  
year **1942** hour **3<sup>30</sup>** minute **A** M.

21. I hereby certify that I attended the deceased from.....  
that I last saw h..... alive on..... 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death **Crownary thrombosis**  
**Hypertension**

Due to.....

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

Major findings: **94a**  
Of operations.....  
Of autopsy.....

Duration  
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)  
(e) Manner of injury **Crushed**  
23. Signature **R. V. Webster** (M. D. or other)  
Address **Carthage, Mo.** Date signed **June 27, 42**

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

49  
00

**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 *J. Canada*  
Licensed Embalmer No. *4196*  
P. O. Address *Castroville, 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.**