S. No. 2
M—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 14 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9673

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 348

1. PLACE OF DEATH:

(a) County Buchanan,
(b) City or town Saint Joseph, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 516 North 19th. Street, (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether In this community 27 years, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan, 11
(c) City or town Saint Joseph, (If outside city or town limits, write "RURAL") 2
(d) Street No. 516 North 19th. Street, (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Alice Redmond,
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 Widowed, 2
6. (b) Name of husband or wife David Redmond, 6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased April 22, 1869. (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	10	29	hr. min.

9. Birthplace Gentry County, Missouri, 0 (City, town, or county) (State or foreign country)
10. Usual occupation At Home,
11. Industry or business
FATHER 12. Name Anderson Glenn,
13. Birthplace Estelle County, Kentucky 1 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Emaline Long,
15. Birthplace Gentry County, Missouri, 0 (City, town, or county) (State or foreign country)
16. (a) Informant Nassie Hulet
(b) Address 516 North 19th. Street, St Joseph Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/23/43 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Mora Cemetery
18. (a) Signature of funeral director Heaton - DeGale & Bowman Funeral Home
(b) Address 319 So. 10th Street,
19. (a) 3-23-43 (Date received local registrar) (b) Rae Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21st. year 1943 hour 2:00 minute 30a M.
21. I hereby certify that I attended the deceased from 3-19, 1943, to 3-21, 1943 that I last saw her alive on 3-20, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart disease Arteriosclerotic	?
Due to Age	
Due to —	
Other conditions Bronchio Pneumonia (Include pregnancy within 3 months of death)	5 days
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) no
(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 —
23. Signature H W Carle Mo (M. D. or other)
Address St Joseph, Mo Date signed 3/22/43

1235

(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~~ 3/21/

....., Registered Apprentice No. ✓,

working under my personal supervision.

Signed Harold Bowman

Licensed Embalmer No. 3619

P. O. Address St. Joseph, M

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.