

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.

FILED MAY 18 1943

Registration District No. 1

Primary Registration District No. 5575

Registrar's No. 29

1. PLACE OF DEATH:

(a) County JACKSON  
 (b) City or town RURAL WASHINGTON TOWNSHIP  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
4 MI SOUTHEAST GRANDVIEW, MO  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution   
(Specify whether)  
 In this community 12 yrs  
years, months or days

3. (a) PRINT FULL NAME WILLIAM B. REDDICK

3. (b) If veteran, name war   
 3. (c) Social Security No. 714-07-0482

4. Sex MALE 5. Color or race WHITE  
 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife EDITH REDDICK  
 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased AUGUST 1 1883  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>8</u>	<u>21</u>	hr. min.

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

10. Usual occupation EXPRESS HANDLER

11. Industry or business AMERICAN R. P. EXPRESS AGCY

12. Name WM REDDICK

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

14. Maiden name BELLE DEVAULT

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

16. (a) Informant's own signature Mrs. Edith Reddick

(b) Address RR #2 Lees Summit Mo

17. (a) RURAL (b) Date thereof APR. 25 '43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BELTON, MO.

18. (a) Signature of funeral director E. K. GEORGE & SONS

(b) Address BELTON, MO

19. (a) Apr 29 1943 (b) Ed Annie B. Hedger  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County JACKSON  
 (c) City or town RURAL LEES SUMMIT  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4 MI S. E. GRANDVIEW MO  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.  years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 22<sup>nd</sup>  
 year 1943 hour 9 minute 48 P.M.

21. I hereby certify that I attended the deceased from Apr 18  
1943 to Apr 22 1943;  
 that I last saw him alive on Apr 22 1943;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Stroke  
 Duration 5 days

Due to 108

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: Brain  
 Of operations  
 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?  
(Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of Injury \_\_\_\_\_

23. Signature Walter Easting (M. D. or other) \_\_\_\_\_  
 Address Walter Easting Mo Date signed \_\_\_\_\_

MAY 18 1943

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**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..... *A. K. George*.....  
Licensed Embalmer No. *3645*.....  
P. O. Address..... *Grandview, 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, above space should be left blank.**