. No. 2
I—5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 26 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14927

State File No.

Registration District No. 126 Primary Registration District No. 2001 Registrar's No. 174

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Johns O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 9 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin (If outside city or town limits, write "RURAL")
(d) Street No. 202 N. Winfield (If rural, give location)
(e) Citizen of foreign country? O (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ralph Redden.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced D
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct (Month) 13 (Day) 1885 (Year)

8. AGE: Years	Months	Days	If less than one day
58	5	21	hr. min.

9. Birthplace Brushy Fork (City, town, or county) Illinois (State or foreign country)
10. Usual occupation
11. Industry or business Laborer
MOTHER FATHER
12. Name W. W. Redden
13. Birthplace (City, town, or county) Ill (State or foreign country)
14. Maiden name Melvina Storm
15. Birthplace (City, town, or county) Ind (State or foreign country)
16. (a) Informant J. H. Redden
(b) Address Parsons Kansas
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-4-44 (Month) (Day) (Year)
(c) Place: burial or cremation Park Memorial Cem
18. (a) Signature of funeral director Turnbull-Dillon Mort
(b) Address 4th & Wall St
19. (a) 4-4-44 (Date received local registrar) (b) Gertrude Sudhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3rd year 1944 hour 5 minute a M.
21. I hereby certify that I attended the deceased from April 1st, 1944 to April 3rd, 1944 that I last saw him alive on April 3rd, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death not known but of natural causes. — Duration Sudden death
Due to Chronic pulmonary disease
Due to Undetermined type over 2 years
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy refused.

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature R. L. Lancy (M. D. ~~or other~~)
Address Joplin, Mo. Date signed 4-4-44

1204

(Licensed Embalmer's Statement on Reverse Side)

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

Fri 20 Feb 2

44-4-324

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 Cecil A Thornhill

Licensed Embalmer No. 3590

P. O. Address Joplin 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.

S. No. 2B
M—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. May

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 174

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(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
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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 Ralph Redden

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced D

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct (Month) 13 (Day) 1885 (Year)

8. AGE: Years 51 Months 5 Days 2 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3
year 1944 hour minute M.

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

Immediate cause of death not known but due to natural causes.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

I did not treat the patient for pulmonary disease.

Major findings:
Of operation

Of autopsy 1143

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature R. L. Laney (M. D. or other)

Address Date signed

MAY 29 1944

14927