

S. No. 2  
OM-2-43  
v. 5-17-39  
-1 X35697

22332

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUL 13 1944

Registration District No. 27

Primary Registration District No. 6022305 1

Registrar's No. 45

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Richmond, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 yrs. (Specify whether years, months or days)

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray 89

(c) City or town Richmond, Mo. 0  
(If outside city or town limits, write "RURAL")

(d) Street No. Rural 0  
(If rural, give location)

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

3. (a) PRINT FULL NAME George Samuel Redd Jr.

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June, day 29th, year 1944, hour 3 minute AM.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Almira Redd Alive

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

7. Birth date of deceased May 10 th. 1860  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 4th, 1944, to June 29, 1944; that I last saw him in alive on June 29, 1944, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>1</u>	<u>19</u>	hr. _____ min. _____

Immediate cause of death Cerebral Hemorrhage

Due to arterio Sclerosis

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

10. Usual occupation Farmer

Other conditions Myocarditis

Major findings: Of operations \_\_\_\_\_

Of autopsy 9321

11. Industry or business \_\_\_\_\_

12. Name Geo. S. Redd Sr.

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

14. Maiden name Susian Hurte

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant J. E. Redd

(b) Address Richmond, Mo.

17. (a) Burial (b) Date thereof 7-2-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hickory Grove

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? \_\_\_\_\_

18. (a) Signature of funeral director J. E. Redd

(b) Address Richmond, Mo.

19. (a) July 3 44 (b) Mrs. Pearl Whipple  
(Date received at local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature J. E. Redd (M. D. or other) MD

Address Richmond, Mo. Date signed 7-30-44

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

900

1280

RECEIVED  
District Health Officer No. 8,

District File Number

Filed 7-12-44

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.....

**J.B. Brothers**

Registered Apprentice No.....

working under my personal supervision.

**Brothers Funeral Home .**

Signed *J.B. Brothers*

Licensed Embalmer No. 3001.

P. O. Address Richmond , 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.