. S. No. 2
M—8-43
v. 5-17-39
I X37823

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. 35453

FILED OCT 19 1944

Registration District No. 533 Primary Registration District No. 3074 Registrar's No.

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Sikeston (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 8 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Scott 100
(c) City or town Sikeston (If outside city or town limits, write "RURAL") 52
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Dainty Redd
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife William Redd
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 7 (Day) 1885 (Year)

8. AGE: Years 59 Months 3 Days If less than one day hr. min.
59

9. Birthplace Snowdake Ark. (City, town, or county) (State or foreign country)
10. Usual occupation House wife
11. Industry or business

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

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

16. (a) Informant William Redd
(b) Address Sunset Addition Sikeston
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-15-44 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Cem.
18. (a) Signature of funeral director Mattie Smith
(b) Address 1381 Maudet St. Sikeston Mo
19. (a) 10-11-44 (Date received local registrar) (b) Lance Largent (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7 year 44 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from Oct 7, 1944 to Oct 7, 1944 that I last saw him alive on Oct 7, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
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)
(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 J. Hiemstedt (M. D. or other)
Address Sikeston Mo Date signed Oct 9 44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No.
District File Number 1944-141
Date Filed 10-18-44

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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Wm Smith

Licensed Embalmer No. 4371

P. O. Address Bikeston, 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.