

FILED DEC 27 1944
Registration District No. **1092**

Primary Registration District No. **3053**

Registrar's No. **146**

1. PLACE OF DEATH:

(a) County Phelps

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

(c) Name of hospital or institution Wells McFarland Mem. Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Nov 7 - Nov 9 - 1944
(Specify whether years, months or days) 69 years 11

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County DeWitt

(c) City or town Rural, Walkers Township
(If outside city or town limits, write "RURAL")

(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 John Francis Reddick

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 9
year 1944 hour 6 minute 40 AM.

4. Sex MO 5. Color or race W.

6. (a) Name of husband or wife Hilda Reddick 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Oct. 31 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 1, 1944, to Nov. 9, 1944
that I last saw him alive on Nov. 9, 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 69 Months 0 Days 8 If less than one day hr. _____ min. _____

Immediate cause of death Prostatitis Duration _____

Due to _____

Due to _____

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

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Columbus Reddick

13. Birthplace DeWitt Co. Mo. (City, town, or county) (State, foreign country)

14. Maiden name Elizabeth Headrick

15. Birthplace DeWitt Co. Mo. (City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Phelma Zurner

22. If death was due to external causes, fill in the following:

(b) Address Salem, Mo.

17. (a) Rural (b) Date thereof 11-12-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Victor Cemetery

(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 H. G. Shanthorpe

(b)* Address Salem, Mo.

19. (a) 11-11-1944 (b) John Reddick
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify time of place)

(c) Means of injury _____

23. Signature John Reddick (M. or other) _____
Address Salem, Mo. Date signed 11/11/44

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

DEC 18 1944

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.....

me

..... Registered Apprentice No.

working under my personal supervision.

Signed

Orval E. Licklider

Licensed Embalmer No. *3546*

P. O. Address *St James 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.