

FILED JAN 16 1945

5971

37

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Fack  
(b) City or town Baliviar (Rural) Marion  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 5 miles S.W. of Baliviar  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 24 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Fack  
(c) City or town Baliviar (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5 miles S.W. of Baliviar  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country none

3. (a) PRINT FULL NAME

Olma P. Redford

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7  
year 1944 hour 12:05 minute 0 A. M.

21. I hereby certify that I attended the deceased from Dec 1, 1944, to Dec 7, 1944.  
at last seen alive on Dec 2, 1944, and that death occurred on the date and hour stated above.

5. Color or race Female white  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife W.P. Redford  
6. (c) Age of husband or wife if alive 76 years  
7. Birth date of deceased Sept. 11, 1869  
(Month) (Day) (Year)

Immediate cause of death Generalized arteriosclerosis  
Senile dementia  
Due to \_\_\_\_\_

8. AGE: Years 75 Months 3 Days 26  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

10. Usual occupation House Keeper

11. Industry or business House work

12. Name J.D. Howard

13. Birthplace Monteau, Mo. Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Alpha Johnson

15. Birthplace Monteau, Mo. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant W.P. Redford

(b) Address Baliviar, Mo.

17. (a) Burial (b) Date thereof Dec. 8, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Edward Blue

(b) Address Baliviar, Missouri

19. (a) Dec 8 1944 (b) Alice Palen  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature J.C. McCraw (M. D. or other)  
Address Baliviar Mo Date signed 2/8/45

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

400

1294

District File Number 12-44-1559  
Date Filed 1-16-45

**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 Richard B. Erwin  
Licensed Embalmer No. 3092  
P. O. Address Galmar, N.

**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.**