

STANDARD CERTIFICATE OF DEATH

State File No. **40237**  
Registrar's No. **5153**

FILED DEC 28 1945  
Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1230 Paseo /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **43 years** (Specify whether years, months or days)  
In this community **43 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**  
(c) City or town **Kansas City** **3**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1230 Paseo** **8**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Amanda Redmond**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Fe** 5. Color or race **Col** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Lewis Redmond** 6. (c) Age of husband or wife if alive **64** years

7. Birth date of deceased **April 25, 1899**  
(Month) (Day) (Year)

8. AGE: Years **46** Months **7** Days **15** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **St. Joseph Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

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

MOTHER FATHER

12. Name **Jim Miller**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Lewis Redmond**

(b) Address **1230 Paseo**

17. (a) **burial** (b) Date thereof **12/14/45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland Cemetery**

18. (a) Signature of funeral director **Walter Bass**  
(b) Address **1729 Lydia**

19. (a) **12-14-45** (b) **M. D. Holmes**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** Day **30**  
year **1945** hour **9** minute **P.** M.

21. I hereby certify that I attended the deceased from **11-0-30** 19**45** to **12-10-45** 19**45**  
that I last saw **her** alive on **12-10-** 19**45**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carciomatosis**

Due **Carcioma**  
**Adeno of R Breast**

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

Major findings: Of operations **50**  
Of autopsy **none**

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 \_\_\_\_\_  
Signature **G. O. Daniel** (M. D. or other) **M.D.**  
Address **1830 June** Date **12/14/45**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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..... *James Manlove*.....

Licensed Embalmer No. *3994*.....

P. O. Address *2503 Highland*.....

**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.**