

FILED APR 18 1946

STANDARD CERTIFICATE OF DEATH

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

Registration District No. 43

Primary Registration District No. 5-11-405 7

Registrar's No. 130

1. PLACE OF DEATH:

(a) County Butler  
(b) City or town Oulin, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler  
(c) City or town Oulin, "rural"  
(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 Joseph Redmon

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Margaret Ellen Redmon 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased December 31 1880  
(Month) (Day) (Year)

8. AGE: Years 65 Months 3 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farming

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

12. Name H. Redmon  
13. Birthplace \_\_\_\_\_ (City, town, or county) Missouri (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace \_\_\_\_\_ (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Daughter - Lillie Pittman  
(b) Address Malden Mo R1

17. (a) Burial (b) Date thereof April 9 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Older

18. (a) Signature of funeral director Lanless Funeral Home

(b) Address Campbell, Mo

19. (a) 4-13-46 (b) W.H. Mueller  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7  
year 1946 hour 2 minute p. M.

21. I hereby certify that I attended the deceased from December 4 1925 to March 2 1946;  
that I last saw him alive on March 2 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation Duration \_\_\_\_\_

Due to Cardiac failure

Due to Advanced adeno-carcinoma of jaw

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

Major findings: 45A  
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 0

Signature A.W. Marshall (M. D. or other) g  
Address Toplow Bluff, Mo Date signed 4-9-46

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 446-533.

Date Filed 4-16-46

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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 Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, Md

**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.**