

**FILED** AUG 19 1946

Registration District No. 201

Primary Registration District No. 6450

Registrar's No. 2193

1. PLACE OF DEATH:

(a) County Ripley  
 (b) City or town Doniphan  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community 50 years  
(years, months or days)

3. (a) PRINT FULL NAME Sarah Clyde Redus

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
 6. (b) Name of husband or wife Washington J. Redus 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased April 25, 1872  
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Union City Tennessee  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name Unknown  
 13. Birthplace Unknown  
(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 O. H. Redus  
 (b) Address Harrison, Ark.  
 17. (a) Burial (b) Date thereof Aug. 4, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place; burial or cremation Doniphan Cemetery

18. (a) Signature of funeral director Black-Edwards  
 (b) Address Doniphan, Mo.  
 19. (a) 8-4-46 (b) W. B. Johnston  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley  
 (c) City or town Doniphan  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2  
 year 1946 hour 7 minute 30 P.M.  
 21. I hereby certify that I attended the deceased from July 22 1946 to August 2 1946  
 that I last saw her alive on August 2 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction  
 Due to Cancer of lung  
 Due to Cancer of liver

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

22. If death was due to external causes, fill in the following:  
 (c) 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 W. B. Johnston (M. D. or other) MD  
 Address Doniphan, Mo Date signed 8-3-46

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

25960

**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 L. Taljan Adamson

Licensed Embalmer No. 4351

P. O. Address Doniphan, 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.**