S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40808
Registrar's No. 5235

Registration District No. 149 Primary Registration District No. 1002

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: 3028 Tracy Avenue (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution At home (Specify whether
In this community Over 10 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 3028 Tracy Avenue (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lucretia Redmon
3. (b) If veteran, name war no
3. (c) Social Security No. 494-12-9626
4. Sex Female 3
5. Color or race Col.
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife James Redmon
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased Oct. 23, 1899 (Month) (Day) (Year)

8. AGE: Years 47 Months 1 Days ~~19~~ 18 If less than one day ~~5~~ hr. ~~30~~ min.

9. Birthplace Atchison, Atchison, Kansas (City, town, or county) (State or foreign country)
10. Usual occupation Cook -Hotel
11. Industry or business
FATHER
12. Name Henry Blue
13. Birthplace Dont Know (City, town, or county) Ky. (State or foreign country)
MOTHER
14. Maiden name Mary Wheeler
15. Birthplace Dont Know (City, town, or county) Ky. (State or foreign country)
16. (a) Informant James Redmon
(b) Address 3028 Tracy Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/15/46 (Month) (Day) (Year)
(c) Place: burial or cremation Atchison, Kansas
18. (a) Signature of funeral director West, Appleton & Jones
(b) Address 1905 Vine Street
19. (a) 12-13-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11 year 1946 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from Oct 15 1946, to Dec 11 1946 that I last saw her alive on Dec 11 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Regurgitation
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 92 B
Major findings:
Of operations
Of autopsy

Duration

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other)
Address 1612 E 12 Date signed 12/13/46

(Licensed Embalmer's Statement on Reverse Side)

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 C. H. Fest.

Licensed Embalmer No. 2710

P. O. Address Kansas City 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.