

FILED MAR 3 1947  
 120

Primary Registration District No. 4194

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

1. PLACE OF DEATH:

(a) County Gentry

(b) City or town Albany  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry 38

(c) City or town Albany  
(If outside city or town limits, write "RURAL") 6

(d) Street No. \_\_\_\_\_  
(If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lucy Ann Redmon

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Samuel

6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased: June 31 1863  
(Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 15  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation housewife at home

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

MOTHER FATHER { 12. Name Armstand Merritt

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

14. Maiden name Elizabeth Watson

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

16. (a) Informant Samuel Redmon

(b) Address Bothany, Mo.

17. (a) burial (b) Date thereof Feb. 20 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grandview cemetery

18. (a) Signature of funeral director Jeffery Burke

(b) Address Albany, Mo.

19. July 21-1947 (b) Harriet M. White  
(Date received local certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16  
 year 1947 hour 5 minute 45 p. M.

21. I hereby certify that I attended the deceased from Jan 15<sup>th</sup> 1947 to Feb 16<sup>th</sup> 1947  
 that I last saw her alive on Feb 16<sup>th</sup> 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary thrombosis

Due to Chronic Bronchitis

Duration Short one month

Due to \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_

Of autopsy 941A

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 Willie Ann Blevins (M. D. or other) \_\_\_\_\_  
 Address 102 N. Huntington St Date signed Feb 20 1947

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Albany

APR 1947

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**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

**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 Me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *Edifford Brooks*  
.....  
Licensed Embalmer No. 3329  
.....  
P. O. Address Albany, 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.**