

No. 2
-2-43
-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14275

State File No. _____

FILED APR 23 1947

Registrar's No. 15

Registration District No. 218

Primary Registration District No. 5789

1. PLACE OF DEATH:

(a) County Mississippi

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 27 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi⁶⁷

(c) City or town Anniston, Mo.
(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 JAMES MATTHEW REDDEN

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

4. Male 5. Color or race white 6. (a) Single, widowed, married, divorced. Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive, _____ years

7. Birth date of deceased: October 27, 1882
(Month) (Day) (Year)

8. AGE: Years 54 Months 2 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Caro, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business _____

12. Name William S. Redden

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

14. Maiden name Leah Bryant

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

16. (a) Informant Opelia Mae Redden

(b) Address Anniston, Mo.

17. (a) Buried (b) Date thereof: 2-25-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anniston, Mo.

18. (a) Signature of funeral director David Shelby

(b) Address East Prairie, Mo.

19. (a) 4-9-47 (b) Vertude B. Harper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 23
year 1947 hour 1 minute 0 - M.

21. I hereby certify that I attended the deceased from Feb. 1
1947, to Feb 23, 1947
that I last saw him live on Feb 21, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis chr.
Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature D. J. Marlow (M. D. or other) _____

Address East Prairie Date signed 4-7-47

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

MOTHER FATHER

RECEIVED

District Health Office No. 12,

District File Number 447-599

Date Filed 4-21-47

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 *Frank Shelby*.....

Licensed Embalmer No. 2726

P. O. Address *East Orange, N.J.*

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.