

S. No. 2
1-12-45
7. 5-17-39
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DEPARTMENT OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED JUL 25 1947
STANDARD CERTIFICATE OF DEATH

State File No. 23446
Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 869

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: State Hospital no 2
(d) Length of stay: In hospital or institution 1 yr. 11 mo 10 days
In this community 1 yr 11 mo 10 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Kansas City
(d) Street No. 308 Newton
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Clyde Redpath
(b) If veteran, name war NO
(c) Social Security No. IVU
(d) Sex male Color or race white
(e) Single, widowed, married, divorced wid
(f) Name of husband or wife not stated
(g) Age of husband or wife if alive 11 years
(h) Birth date of deceased Dec 11 1881

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 11 year 1947 hour 12 minute 05 A.M.
21. I hereby certify that I attended the deceased from June 1 1947 to July 11 1947
that I last saw him alive on July 10 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to Atherosclerosis
Other conditions gms
Major findings:
Of operations
Of autopsy

8. AGE: Years 65 Months 7 Days 0
9. Birthplace Terre Haute Ind
10. Usual occupation Laborer
11. Industry or business
12. Name unknown
13. Birthplace unknown
14. Maiden name unknown
15. Birthplace unknown
16. (a) Informant Madison Redpath
(b) Address Kansas City Mo
17. (a) (b) Date thereof 7-11-47
(c) Place: burial or cremation Kansas City Mo
18. (a) Signature of funeral director Stanley Federal House
(b) Address St. Joseph Mo
19. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature J. J. Thomas (M. D. or other)
Address St. Joseph Mo Date signed 7/11-47

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

5-47
p. 1

JUL 25 1947

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.....

Charles M. Harman, Registered Apprentice No. *450*
working under my personal supervision.

Signed *John L. Hurley*
Licensed Embalmer No. *4850*

P. O. Address *St. Joseph, 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.