

S. No. 2
M-5-43
7-5-17-39
P I X3667

FILED DEC 11 1947

Registration District No. **274**

Primary Registration District No. **3052**

Registrar's No. **415**

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

1. PLACE OF DEATH:

(a) County **PETTIS**

(b) City or town **SEDALIA**

(c) Name of hospital or institution:
1217 SO MONITEAU
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **40 YRS.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **PETTIS**

(c) City or town **SEDALIA**
(If outside city or town limits, write "RURAL")

(d) Street No. **238 SO HARRISON**
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME **WILLIAM E. REDING**

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DEC** day **3** year **1947** hour **1** minute **30 AM**

21. I hereby certify that I attended the deceased from **12-1-47** to **12-3-47** and that death occurred on the date and hour stated above.

That I last saw him alive on **12-2-47**

4. Sex **MALE** 5. Color or race **WHITE**

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

6. (b) Name of husband or wife

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

7. Birth date of deceased **MAR 7 1862**
(Month) (Day) (Year)

Immediate cause of death

Cardiac failure 2 day

Due to **Myocarditis** 2 yrs

Due to **Asthma** Many yrs

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

75 **8** **26** hr. min.

9. Birthplace **OHIO**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business

12. Name **EDWARD REDING**

13. Birthplace **MAKEY**
(City, town, or county) (State or foreign country)

Maiden name

Birthplace

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 conveyance

23. Signature **A. J. Campbell** (M. D. or other) **MD**
Address **Sedalia Mo** Date signed **12-4-47**

Informant **MRS O.W. HALL**

Address **SEDALIA, MO.**

BURIAL (b) Date thereof **12-6-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

Place: burial or cremation **Crown Hill**

(a) Signature of funeral director **Geo. Hillard**

(b) Address **Sedalia Mo.**

19. (a) **12/4/47** (b) **Betty Yeager**
(Date received local registrar) (Registrar's signature)

County of Pettis File # 4565-11-48

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-10-47

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 _____

Frank S. Coffman Jr., Registered Apprentice No. 16
working under my personal supervision.

Signed John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Seedonia, Md.

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Pettis } ss.

State File No.....

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.....

On this 11th day of Dec., 1947, before me appears.....

Geo. Dillard, who, upon his oath, states that the original record of ~~birth~~ death

for William E Reding died Dec. 3rd, 1947, in the State of Missouri, and which was filed at Sedalia on 12/6, 1947, should be corrected as follows:

Item No. 7 should read March 7th 1872

Instead of March 7th 1862

Item No..... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant

Geo. Dillard

None
Relationship.

903 So Ohio Sedalia
Present Address.

Subscribed and sworn to before me this 11th day of Dec., 1947.

My Commission expires March 3-1950. Anna Berger, Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

39154