

No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4187

State File No. _____

FILED MAR 9 5 1948

Registration District No. _____

Primary Registration District No. 3010

Registrar's No. 75

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

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

(d) Length of stay: In hospital or institution 7 days
(Specify whether years, months or days)

In this community 7 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

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

(d) Street No. near Advance, Mo. R. 2
(If rural, give location)

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

3. (a) PRINTED FULL NAME REV. JAMES ARTHUR REDMAN

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Bessie Redman

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Feb - 20 1889
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>10</u>	<u>7</u>	hr. _____ min. _____

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

10. Usual occupation Minister U.S. Farmer

11. Industry or business _____

12. Name George Redman

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

14. Maiden name Sarah Sanders

15. Birthplace Stoddard Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Bessie Redman

(b) Address Advance, Mo.

17. (a) Funeral (b) Date thereof Jan 9 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bessie Hill Cem.

18. (a) Signature of funeral director W. J. Morgan

(b) Address Advance, Mo.

19. (a) 3-6-48 (b) W. J. Morgan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7
year 1948 hour 2 minute 0 P. M.

21. I hereby certify that I attended the deceased from Dec 2 1948 to Jan 7 1948
that I last saw him alive on Jan 2 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Suba Cranial Hemorrhage

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 837

Major findings: Of operations ✓

Of autopsy Intra Cranial Hemorrhage

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence _____

(c) Where did injury occur? no
(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) (c) Means of injury _____

23. Signature W. J. Morgan (M. D. or other) no
Address Cape Girardeau, Mo. Date signed 7-48

Duration 3 months

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 4
District File Number 348-32
Date Filed 3-8-48

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

Lloyd S. Morgan, Jr.

Registered Apprentice No. 430

working under my personal supervision.

Signed *Lloyd S. Morgan*

Licensed Embalmer No. 3861

P. O. Address Advance, M.

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.