

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 28612

FILED SEP 7 1948

Registration District No. 339

Primary Registration District No. 6149

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Stoddard  
(b) City or town Rural Duck Creek T.S.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Carrie A. Redford,

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife O.W. Redford (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec 10 1882  
(Month) (Day) (Year)

8. AGE: Years 65 Months 7 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Missouri, 0  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business House Work,

12. Name B.F. Wiley,

13. Birthplace Kentucky 1  
(City, town, or county) (State or foreign country)

14. Maiden name Savana Terry,

15. Birthplace Kentucky 1  
(City, town, or county) (State or foreign country)

16. (a) Informant O.W. Redford,

(b) Address Puxico Missouri

17. (a) Burial (b) Date thereof 8 2 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Puxico Mo,

18. (a) Signature of funeral director Watkins Service

(b) Address Puxico Mo,

19. (a) 8-10-48 (b) Glenn Morgan  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 13  
(c) City or town Rural Duck Creek T.S. 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31  
year 1948 hour Seven minute 15 AM.

21. I hereby certify that I attended the deceased from diseased upon arrival  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolism Duration \_\_\_\_\_

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

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

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

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

Of autopsy \_\_\_\_\_

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 R. Seiling (M.D. or other) \_\_\_\_\_

Address 228 W. 7th Date signed Aug 4 1948

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 948-1106

Date Filed 9-4-48

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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 D. J. Brentlinger

Licensed Embalmer No. 14201

P. O. Address Wester, 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.**