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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 25 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32730

Registration District No. 139 Primary Registration District No. 4227 Registrar's No. 91

1. PLACE OF DEATH:
(a) County Holt
(b) City or town Craig
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Craig, Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
In this community 75 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Holt 44
(c) City or town Craig R. 5
(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 Edward Louis Redmon
3. (b) If veteran, name war None
3. (c) Social Security No. 487-05-0199
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name ~~of husband~~ or wife Nancy E. Redmon
6. (c) Age of ~~husband or~~ wife if alive 64 years
7. Birth date of deceased May (Month) 7 (Day) 1873 (Year)

8. AGE: Years 75 Months 5 Days 8 If less than one day hr. min.

9. Birthplace Craig (City, town, or county) Mo (State or foreign country)
10. Usual occupation Retired farmer
11. Industry or business —

MOTHER FATHER
12. Name John Redmon
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name Rachel Carlton
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs Nancy Redmon
(b) Address Craig, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/17/48 (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F.
18. (a) Signature of funeral director Wilber L. Schooler
(b) Address Craig, Mo.
19. (a) 10-18-48 (Date received local registrar) (b) [illegible] (Registrar's signature) 122

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 15 year 1948 hour 10 minute 30 P.M.
21. I hereby certify that I attended the deceased from February, 1948, to October, 1948, that I last saw him alive on Oct 15, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic pneumonia	3 days
Due to: Apoplexy	
Due to: Hypertensive heart disease	6 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 2
23. Signature D. J. B. McRae (M. D. or other) DO
Address Craig Date signed

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Myself, Registered Apprentice No. ..... working under my personal supervision.

Signed Wilber L. Schooler

Licensed Embalmer No. 3997

P. O. Address Craig, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.