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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 6 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33056
4290
Registrar's No.

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2310 Troost
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community _____ 5 Years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Edna Moman Reddick

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hubert Reddick 6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased September 8, 1907
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 1 8 hr. min.

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Hubert Reddick
(b) Address 2310 Troost
17. (a) Burial (b) Date thereof 10/22/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Walter H. ...
(b) Address 1729 ...
19. (a) 10-21-48 (b) A. Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 303
(If outside city or town limits, write "RURAL")
(d) Street No. 2310 Troost
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16
year 1948 hour 1 minute 40 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I had sawed the body and that death occurred on the date and hour stated above.
Immediate cause of death _____

Cardiac Failure -
Hypertensive Heart
Disease
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) q3d

Major findings:
Of operations _____
Of autopsy No-Permit

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 J. R. Williams, M.D.
23. Signature J. R. Williams (M. D. or other)
Address 2636 Brooklyn Date signed 10-18-48

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

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



Licensed Embalmer No.

3904

P. O. Address

2003 Highland

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.