

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35720**
Registrar's No. **1266**

FILED DEC 6 1948
Registration District No. **148**

Primary Registration District No. **1000**

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3107 Felix St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 72 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 3107 Felix (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3: (a) PRINT FULL NAME Mary Leonora Redfearn
3. (b) If veteran, name war No 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November, day 26
year 1948, hour 4, minute 09 A.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Elridge R. Redfearn
6. (c) Age of husband or wife if alive 13 years 1873

21. I hereby certify that I attended the deceased from 11-24, 1948, to 11-26, 1948
that I last saw her alive on 11-25, 1948, and that death occurred on the date and hour stated above.

7. Birth date of deceased: October, 13, 1873
(Month) (Day) (Year)
8. AGE: Years 75 Months 1 Days 13 If less than one day hr. min.

Immediate cause of death Cerebral Apoplexy Duration 2 days
Due to Arterio-sclerosis (general) Unknown

9. Birthplace Butler, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation At home
11. Industry or business At home

Other conditions (include pregnancy within 3 months of death)
Major findings: 83W
Of operations
Of autopsy

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

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

16. (a) Informant Mrs. Lucile Rucker
(b) Address St. Joseph, Mo.
17. (a) Burial (b) Date thereof 11/29/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Heaton-Bowman
(b) Address St. Joseph, Mo.
19. (a) 11-30-48 (b) H. C. Jenkins
(Date received local registrar) (Registrar's signature)

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) Means of injury 0
23. Signature John L. Byrne (M. D. or other)
Address St. Joseph Mo Date signed 11-26-48

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.....

Danny O. Becker, Registered Apprentice No. *267*
working under my personal supervision.

Signed *William Spelling*

Licensed Embalmer No. *24535-*

P. O. Address *319 S 10th St. Joplin, 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.