FEDERAL SECURITY AGENCY
[redacted] Office of Vital Statistics

FILED DEC 11 1948

Registration District No. 528

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

39076

State File No.

Primary Registration District No. 3073

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Scott

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

In this community 64 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott / 0

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

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Charles Albert Redfern

3. (b) If veteran, name war ✓

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced 2 Widower

6. (b) Name of ~~husband or~~ wife Mary Louisa Redfern

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

7. Birth date of deceased June (Month) 3 (Day) 1865 (Year)

8. AGE: Years 83 Months 5 Days 28 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

FATHER

12. Name Charles Redfern

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

MOTHER

14. Maiden name Clara Rozier

15. Birthplace Unknown (City, town, or county) U (State or foreign country)

16. (a) Informant Mrs Wm Bell

(b) Address Chaffee Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 3, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Union Park Chaffee Mo

18. (a) Signature of funeral director Bispinghoff Funeral Home

(b) Address Chaffee, Mo

19. (a) 12/4/48 (Date received by local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1st year 1948 hour 10:20 minute 8 A.M.

21. I hereby certify that I attended the deceased from Sept 1948 to Dec 1 1948 that I last saw him alive on Nov 29 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Arteriosclerosis

Due to Chronic Nephritis

Due to

Other conditions Sanitary

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D.)

Address Chaffee Mo Date signed 12-4-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1248-1641
Date Filed 12-9-48

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Jack T. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, Miss

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

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