

FILED JAN 13 1949

Registration District No. **237**

Primary Registration District No. **5820**

Registrar's No. **25**

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

1. PLACE OF DEATH:

(a) County **New Madrid**

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

(c) Name of hospital or institution: **None**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **18 Years** (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **New Madrid**

(c) City or town **Tallypoosa**
(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 **Brodie Harrison Redden**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (c) Age of husband or wife if alive **48** years

7. Birth date of deceased **Sept. 27 1893**
(Month) (Day) (Year)

8. AGE: Years **55** Months **I** Days **24** If less than one day hr. _____ min. _____

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

10. Usual occupation **Farmer**

11. Industry or business **#**

12. Name **Unknown**

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

14. Maiden name **Martha A Edwards**

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

16. (a) Informant **Anna Redden**

(b) Address **Tallypoosa, Mo.**

17. (a) **burial** (b) Date thereof **II-22-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Ridge Cemetery, Kennett, Mo.**

18. (a) Signature of funeral director **Lloyd Russell**

(b) Address **Figgott, Arkansas**

19. (a) **Jan 4 1949** (b) **Mrs. Byron Sharp**
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **20** year **1948** hour **7.20** minute _____ P. M.

21. I hereby certify that I attended the deceased from **Nov 20 1948** to _____ 19____; that I last saw him alive on **Nov 20 1948** and that death occurred on the date and hour stated above.

Immediate cause of death: **myocarditis chronic & chronic**
arterio-sclerotic of coronary artery
insufficiency

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: **H&E B**
Of operations _____

Of autopsy: **Chronic & Arteriosclerosis**

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 **Arbuckle MD** (M. D. or other) _____
Address **Walden, Mo** Date signed **11/23/48**

RECEIVED

District Health Office No. 2,

District File Number 149-57

Date Filed 1-11-57 49

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.....

P. O. Address.....

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.