

FILED MAR 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8776

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 5568		Registrar's No. 91	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blue Township				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blue Township, 11126 East 10th St.			
d. FULL NAME OF HOSPITAL OR INSTITUTION 11126 East 10th St.				d. STREET ADDRESS (If rural, give location) Kansas City, 3, Missouri			
3. NAME OF DECEASED (Type or Print) Victor		a. (First) Victor		b. (Middle) B.		c. (Last) Redford	
4. DATE OF DEATH		(Month) March		(Day) 10		(Year) 1949	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 17, 1883	
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months 0		IF UNDER 1 YEAR Days 23		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Laborer		10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (State or foreign country) Jackson County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Redford		13b. MOTHER'S MAIDEN NAME Mollie Cleveland		14. NAME OF HUSBAND OR WIFE Pearl Redford			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Pearl Redford 11126 East 10th St.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion - ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arterio-sclerosis DUE TO (c) none II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none				INTERVAL BETWEEN ONSET AND DEATH Sudden unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Mar 10, 1949, to Mar 10, 1949, that I last saw the deceased alive on Mar 10, 1949, and that death occurred at m., from the causes and on the date stated above.							
23a. SIGNATURE Fred W. Hink		(Degree or title) MR U		23b. ADDRESS 10229 Indep Rd. KC Mo		23c. DATE SIGNED 3/11/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 12, 49		24c. NAME OF CEMETERY OR CREMATORY Brookings Cemetery		24d. LOCATION (City, town, or county) Raytown, Missouri	
DATE REC'D BY LOCAL REG. Mar. 12 1949		REGISTRAR'S SIGNATURE		354 FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Carson Funeral Home, Indep. Mo.	

(Licensed Emballer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

R. A. Lisle

Signed _____
Student Embalmer

Licensed Embalmer No. *4123*

P. O. Address *Independence, 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.