

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D MAR 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5979
Do not use this space.

1. PLACE OF DEATH

(a) County Bates Registration District No. 50

(b) Township _____ Primary Registration District No. 3004 Registered No. 15

(c) City Butler (d) Street No. Butler Memorial Hospital St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Chara Fanny Redden 350

(a) Residence, No. COLLEGE ST. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rollin Redden

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 27, 1916

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>22</u>	<u>5</u>	<u>16</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buffalo New York

FATHER

13. NAME Earnest M. Wilcox

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) London England

MOTHER

15. MAIDEN NAME Fanny D. Clarke

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newark New Jersey

17. INFORMANT (ADDRESS) Rollin Redden Butler Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE Feb 13, 1938

19. FUNERAL DIRECTOR (ADDRESS) Butler Mo.

20. FILED Feb 13, 1938 Anna L. Culver Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 11, 1938

22. I HEREBY CERTIFY that I attended deceased from Feb 9th 1938 to Feb 11th 1938

I last saw her alive on Feb 11th 1938 Death is said to have occurred on the date stated above, at 9:00 a.m.

The principal cause of death and related causes of importance were as follows:

Acute nephritis of pregnancy - Date of onset 146

Other contributory causes of importance: 8 month pregnancy

Name of operation _____ Date of _____

What test confirmed diagnosis? Cervix as there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) D. D. La Harre, M. D.

(Address) Butler Mo.

JUN 3 1975

STATEMENT BY LICENSED EMBALMER

I, Harry G. Newell, Licensed Embalmer No. 3111

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____ working under my personal supervision.

Signed Harry G. Newell
Licensed Embalmer No. 3111

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.)