REG'D MAR 13 1939

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

5953
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan
Registration District No.
(b) Township
Primary Registration District No.
Registered No. 164
(c) City St. Joseph Mo. (d) Street No. 321 N 9th 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 Gould Redding
(a) Residence, No. 321 St. Joseph Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE~~ OF Louisa Redding
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 8 1907
7. AGE: Years 21 Months 11 Days 10 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Meat cutter
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) Aug. 1 1938
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Star Mo.

FATHER
13. NAME James S. Redding
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Star Mo.

MOTHER
15. MAIDEN NAME Dorsie M. Creason
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lathrop Mo.

17. INFORMANT (ADDRESS) Louisa Redding 321 North 9th St. Joseph Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE Feb. 20 1939
19. FUNERAL DIRECTOR (ADDRESS) Lucile M. Wilson King City Mo.
20. FILED Feb 18 1939 H. J. Beckebrich
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 18 1939
22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1939, to Feb 18, 1939
I last saw h. alive on Never, 19.... Death is said to have occurred on the date stated above, at 5:40a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma (metastatic)	Sept 1938
lungs and spine	
Sarcoma of left knee	1937
(amputation of leg) 1937	

Other contributory causes of importance:

53

Name of operation Amputation left leg Date of 1937
What test confirmed diagnosis Microscopic Was 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) M. W. Marse, M. D.
(Address) 224 Edwins Ave St. Joseph Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

11 5 7

STATEMENT BY LICENSED EMBALMER

I, Lucile M. Wilson, Licensed Embalmer No. 2830

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Lucile M. Wilson

Licensed Embalmer No. 2830

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