

RECD MAR 15 1939

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

7541
Do not use this space.

1. PLACE OF DEATH

(a) County POLK Registration District No. 705
(b) Township N. BENTON Primary Registration District No. 5934
(c) City HALEWAY (d) Street No. _____ 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

WELCOME B. REDD

(a) Residence, No. _____ 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 MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF EMMA REDD

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-27-1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 6 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARMER
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) IOWA

FATHER 13. NAME ANDREW REDD

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OHIO

MOTHER 15. MAIDEN NAME LIVINA BARHAM

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILL.

17. INFORMANT MRS. EMMA REDD (ADDRESS) HALEWAY, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE GREENWOOD DATE FEB. 3 1939

19. FUNERAL DIRECTOR (NAME) WHITE & ERWIN (ADDRESS) BOLIVAR MO

20. FILED 2-3 1939 Mary Daniel Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB. 10 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1 1938, to Feb. 13 1939
I last saw him alive on Feb. 1 1939. Death is said to have occurred on the date stated above, at 3:00 p. m.

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

Mitral insufficiency

Date of onset

92 1/2

Other contributory causes of importance:

Angina pectoris

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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?
If so, specify _____
(Signed) [Signature] M. D.

(Address) 34

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.

RECEIVED

District Health Officer No. _____

District File Number 7-39-30

Date Filed 3-7-39

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 conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.