

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

44156  
Do not use this space.

1. PLACE OF DEATH

(a) County Newton Registration District No. \_\_\_\_\_  
(b) Township Grant P. 12 Primary Registration District No. \_\_\_\_\_  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ Registered No. 34  
(e) Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 ds. (If death occurred in Hospital or Institution, write its name instead of street and number)  
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Robert F. Reddish St.  (Usual place of abode, if no street address, write county or city)  
Grant P. 12 (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 W. (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura A. Reddish

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
85 10 00

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as saw mill, bank, etc. Famer  
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) Jackson Co. Indiana

FATHER 13. NAME Jesse Reddish

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

MOTHER 15. MAIDEN NAME Matilda Fudley

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

17. INFORMANT (ADDRESS) G. B. Reddish, Grant P. 12

18. BURIAL, CREMATION, OR REMOVAL PLACE Grant Cem DATE Dec 27 1939

19. FUNERAL DIRECTOR (ADDRESS) Peoples Funeral Home, Grant Mo.

20. FILED Dec 28 1939 DeVorens Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 25 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1939, to Dec 25, 1939  
I last saw him alive on Dec 25, 1939. Death is said to have occurred on the date stated above, at 7:30 P.M.

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

Hypostatic Pneumonia Date of onset \_\_\_\_\_

Other contributory causes of importance:

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) DeVorens, M. D.  
(Address) Grant Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS

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.

109

RECEIVED

District Health Officer No. 6,

District File Number 140-164

Date Filed JAN 10 1940

RECEIVED  
GENERAL INVESTIGATIVE  
DIVISION

STATEMENT BY LICENSED EMBALMER

I, G. E. Cheer, Licensed Embalmer No. 33584

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

Jack Canada  
L. E. No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. 225

working under my personal supervision.

Signed G. E. Cheer  
Licensed Embalmer No. 33584

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.)

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

44156

Do not use this space.

1. PLACE OF DEATH  
 (a) County Newton Registration District No. 614  
 (b) Township Granby Primary Registration District No. 3816 Registered No. ....  
 (c) City ..... (d) Street No. ....  
 (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 Robert J Reddish  
 (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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) w

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

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

|        |           |           |           |                                  |
|--------|-----------|-----------|-----------|----------------------------------|
| 7. AGE | YEARS     | MONTHS    | DAYS      | If LESS than 1 day, hrs. or min. |
|        | <u>85</u> | <u>10</u> | <u>10</u> |                                  |

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 25 1939

22. I HEREBY CERTIFY, That I attended deceased from .....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at..... m.

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

Hypostatic Pneumonia  
Bronchial

Date of onset 576 days

Other contributory causes of importance: 107 w

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 L. J. Rollins M. D.  
 (Signed) Granby mo  
 (Address)

SUPPLEMENTARY

A PERMANENT RECORD OF THIS DEATH SHOULD BE KEPT IN THE OFFICE OF THE REGISTRAR. THE CAUSE OF DEATH SHOULD BE CAREFULLY CLASSIFIED. EXACT RECORDING IS VERY IMPORTANT. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE RECEIVED BY LAW.

Local Registrar

