. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15087

State File No.

Registration District No. 3398 — Primary Registration District No. 5554 — Registrar's No. 113

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson Blue Twp

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Near Independence on Hiway 24
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community ____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Independence (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. R.R. #4-Box-880 —
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Wesley H. Redfield 3111

3. (b) If veteran, name war None

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Dec. (Month) 26 (Day) 1924 (Year)

8. AGE: Years 15 Months 3 Days 18 If less than one day ✓ hr. ✓ min.

9. Birthplace Knobnoster, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation at school

11. Industry or business ✓

FATHER
12. Name Clarence L. Redfield
13. Birthplace Mills County (City, town, or county) Iowa (State or foreign country)

MOTHER
14. Maiden name Pearl J. Renie
15. Birthplace No record (City, town, or county) Wisc. (State or foreign country)

16. (a) Informant Clarence L. Redfield
(b) Address Route #4 Independence, Mo.

17. (a) Mound Grove (Burial, cremation, or removal) (b) Date thereof 4/16/40 (Month) (Day) (Year)
(c) Place: burial or cremation Mound Grove Cem

18. (a) Signature of funeral director George C. Carson
(b) Address Independence Mo.

19. (a) April 16 40 (Date received local registrar) (b) F. L. Cook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4-14-40 day ____ year ____ hour ____ minute ____ M.

21. I hereby certify that I attended the deceased from ____ 19__ to ____ 19__; that I last saw him alive on ____ 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Cr Ball

Due to Fall from Motorcycle

Due to Mtr Way

Other conditions ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy ____

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 4-14-40 Hiway 24
(c) Where did injury occur? Jackson Co Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 360 Public (Specify type of place)
While at work? (e) Means of injury ✓

23. Signature [signature] (M. D. or other)
Address R.C. Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Raymond Martin, Registered Apprentice No. 199 working under my personal supervision.

Signed Walter R. Lail

Licensed Embalmer No. 2767

P. O. Address Independency, Mo

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.)

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