. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24391

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3001

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

1. PLACE OF DEATH:

(a) County Jackson.

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

(c) Name of hospital or institution:
1304 East 32nd Terrace.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No. (Specify whether
In this community 7 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Jackson.

(c) City or town Kansas City.
(If outside city or town limits, write "RURAL")

(d) Street No. 1304 East 32nd Terrace.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? no. years.

3. (a) PRINT FULL NAME Mrs. Mildred Redd. 3rd

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Harry T. Redd.

6. (c) Age of husband or wife if alive 58 Yrs. years

7. Birth date of deceased January (Month) 11 (Day) 1884. (Year)

8. AGE:

Years	Months	Days	If less than one day
56	6	16	hr. min.

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

10. Usual occupation at home. U

11. Industry or business x 0

FATHER
12. Name Riley Holman.
13. Birthplace Missouri. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ruth Staples.
15. Birthplace Missouri. (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Harry T. Redd.
(b) Address 1304 East 32nd Terrace, K.C., Mo.

17. (a) Cremation. (Burial, cremation, or removal) (b) Date thereof 7-28-40 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery.

18. (a) Signature of funeral director Stine & McClure.
(b) Address 3235 Gillham Plaza, K.C., Mo.

19. (a) July 28, 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27th.
year 1940. hour 3:30 minute A. M.

21. I hereby certify that I attended the deceased from Jan 4 1940 July 18, 1940, to July 28, 1940;
that I last saw her alive on July 18, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of liver	10 mo
Due to Primary Carcinoma of Gall bladder	
Due to 46	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations with involvement of Carcinoma of liver
Of autopsy

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)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury 1

23. Signature [signature] (M. D. or other)
Address 1210 Prof Bldg. Date signed 7/27/40.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Carl Schutz.
1-30 Proff. Bldg.

OCT 19 1945

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 [signature]

Licensed Embalmer No. 1415

P. O. Address K. C. Mo.

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

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