

No. 2
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FILED SEP 24 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30052

Registration District No. 908

Primary Registration District No. 6223

Registrar's No. 43

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

I. PLACE OF DEATH:

(a) County Wright Wood Twp
(b) City or town Dawson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wright
(c) City or town Dawson
(If outside city or town limits, write "RURAL")
(d) Street No. Wood Sup. (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME WILLIAM PERRY REDMON

8. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Trace (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 6 1876
(Month) (Day) (Year)

8. AGE: Years 63 Months 9 Days 15 If less than one day hr. _____ min. _____

9. Birthplace Wood Co. W. Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Aut. Mechanic

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Trace Redmon

(b) Address Dawson Mo

17. (a) Burial (b) Date thereof Aug 23 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place, burial or cremation Friendship Cem. 821

18. (a) Signature of general director _____

(b) Address _____

19. (a) 8-24-40 (b) Reverie
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Aug day 21
year 1940 hour 10 minute 10 P.M.

21. I hereby certify that I attended the deceased from 8/15 to 9/21, 1940, that I last saw him alive on 8/21, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Branchial Pneumonia

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations: _____

Of autopsy _____

Working under my personal supervision _____

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? _____

(e) Signature _____ (Specify type of place) _____ (M. D. or other)

(f) Address _____ Date signed 9-4-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 940-2667

Date Filed SEP 17 1940

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

George Stapp
.....
Licensed Embalmer No. 3161

P. O. Address *W. H. ...*

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.)

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