

FIXED JAN 8 1941

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **4690**

1. PLACE OF DEATH:

(a) County Tackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days
(Specify whether
In this community 4 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits write "RURAL")
(d) Street No. 728 West Reed Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Mrs. Rebecca Sims Radford

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mr. Robert A. Radford 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased August 1872
(Month) (Day) (Year)

8. AGE: Years 68 Months 3 Days 15 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name J. R. Sims

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

14. Maiden name Mary Ellen Woodard

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

16. (a) Informant Robert A. Radford

(b) Address Moberly, Missouri

17. (a) Removal (b) Date thereof Dec 9, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cemetery Moberly, Missouri

18. (a) Signature of funeral director D. H. Newkome Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 12-9-40 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9th
year 1940 hour 3 minute 35 A. M.

21. I hereby certify that I attended the deceased from Dec 2
1940 to Dec 9 1940

that I last saw him alive on Dec 8 1940
and that death occurred on the date and hour stated above.

Immediate cause of death General Peritonitis Duration 5 days

Due to Cholecystitis - years

Due to Hydrops of Gall Bladder
& Rupture - 6 days

Other conditions (Include pregnancy within 3 months of death) 12/6

Major findings: Of operations

Of autopsy

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
23. Signature M. M. Browne (M. D. or other) MD
Address #1708 W. Ardham St. Moberly Date signed 12/9/40

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

MOTHER FATHER

625 West 57th Street Kansas

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 C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address A. C. Mo.

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.