DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FEB 14 1941

State File No. 2346

Registration District No. 218 — Primary Registration District No. 3015 — Registrar's No. 8

1. PLACE OF DEATH:

(a) County COOPER

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

(c) Name of hospital or institution: 420 MAIN STREET (If not in hospital or institution, write street number or location)

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

In this community ONE YEAR

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER

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

(d) Street No. 420 MAIN STREET (If rural, give location)

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

3. (a) PRINT FULL NAME CHARLES H. REDMON

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife OLLIE REDMON

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased MAY (Month) 7 (Day) 1879 (Year)

8. AGE:

Years	Months	Days	If less than one day
61	8	7	____ hr. ____ min.

9. Birthplace PACIFIC (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation TAVERAN OPERATOR

11. Industry or business TAVERAN

FATHER
12. Name UNKNOWN
13. Birthplace ____ (City, town, or county) ____ (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace ____ (City, town, or county) ____ (State or foreign country)

16. (a) Informant's own signature Mrs. Chas. Redmon

(b) Address Boonville Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 16-1941 (Month) (Day) (Year)

(c) Place: burial or cremation OAKLAND CEM. - MOBERLY, MO.

18. (a) Signature of funeral director STEGNER & KOENIG

(b) Address BOONVILLE, MO.

19. (a) 1-16-41 (Date received local registrar) (b) D. E. Hooper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 14th year 1941 hour 6:30 minute A.M.

21. I hereby certify that I attended the deceased from Jan 14, 1941, to Jan 14, 1941; that I last saw him alive on Jan 14, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute dilatation of heart	
Due to myocarditis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations none

Of autopsy none

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 ____

23. Signature T. C. Beckett M.D. (M.D. or other)

Address Boonville, Mo Date signed 1-15-41

(Licensed Embalmer's Statement on Reverse Side)

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.

WHITE PERMIT USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

I X19511

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 9-6-41

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 James W. Stegner

Licensed Embalmer No. 3780

P. O. Address Boonville, 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.