

STANDARD CERTIFICATE OF DEATH

State File No. 17988

Registration District No. 369

Primary Registration District No. 5515

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Holt
(b) City or town Rural - South Union
(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)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 66 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near crevice in South Union
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1941 hour 10 minute 15 a.m.

21. I hereby certify that I attended the deceased from May 1, 1941, to May 31, 1941;
that I last saw her alive on May 31, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Alzheimer's Dementia Duration 2 years

Due to _____

Due to _____

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

Major findings: Of operations _____

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? _____

While at work _____ (Specify type of place) _____ (Specify nature of injury)

23. Signature _____ (M. D. or other) _____

Address Craig, Mo Date signed 5/31/41

3. (a) PRINT FULL NAME Ida Florence Redmon

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 Widowed

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

7. Birth date of deceased Sept. 27 1864
(Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business In home

12. Name Charles Perkins

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

14. Maiden name Mary Stanley

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

16. (a) Informant Blanch Redmon

(b) Address Craig, Mo.

17. (a) Burial (b) Date thereof May 5 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D.O.O.F. Reg. Craig

18. (a) Signature of funeral director Wilbur L. Schooner

(b) Address Craig, Mo.

19. (a) May 4 1941 (b) Vivian Anderson
(Date received local registrar) (Registrar's signature)

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

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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 *Wilber L. Schooler*

Licensed Embalmer No. *3997*

P. O. Address *Craig, 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, fact should be so stated above.