

Registration District No.

496

Primary Registration District No.

3026

Registrar's No.

55

## 1. PLACE OF DEATH:

(a) County Linn  
 (b) City or town Brookfield  
 (c) Name of hospital or institution:  
 (If outside city or town limits, write "RURAL" and name of township)  
802 Lincoln Street  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether  
 In this community 22 years  
 years, months or days)

8. (a) PRINT FULL NAME Louisa C. Redding8. (b) If veteran, name war None 8. (c) Social Security No. None4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Washington Redding 6. (c) Age of husband or wife If alive \_\_\_\_\_ years7. Birth date of deceased April 8, 1853  
(Month) (Day) (Year)8. AGE: Years 88 Months 2 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace New York  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

## 11. Industry or business

12. Name Louis Calloud13. Birthplace France  
(City, town, or county) (State or foreign country)14. Maiden name Rosa Greer15. Birthplace Ireland  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Ethel Lineberry(b) Address Brookfield, Mo.17. (a) Burial (b) Date thereof 6-26-41  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Wyandotte Cemetery18. (a) Signature of funeral director 445(b) Address Brookfield19. (a) 6/26/41 (b) Justus  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn  
 (c) City or town Brookfield  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 802 Lincoln Street  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24  
year 1941 hour 6 minute 00 a. M.21. I hereby certify that I attended the deceased from Dec 17  
1940, to June 23, 1941that I last saw her alive on June 23, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Cerebral arteriosclerosis ?

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions fracture of right femur of 7 wks.  
(Include post-mortem within 3 months of death)Major findings of operations NoOf autopsy No

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident(b) Date of occurrence May 17, 1941(c) Where did injury occur? Brookfield, Mo.  
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In her homeWhile at work? No (Specify type of place) (a) Manner of injury fall23. Signature Justus (M. D. or other) MDAddress Brookfield Date signed 6/25

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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.....

Licensed Embalmer No. 3718

P. O. Address..... Brookfield, 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.**