

FILED **OCT 24 1941**
Registration District No. **757**

Primary Registration District No. **4085**

Registrar's No. **119**

1. PLACE OF DEATH:

(a) County **CASS**
(b) City or town **DREXEL**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Not in Hospital, At Home.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Does Not Apply**
(Specify whether)
In this community **5 Years.**
years, months or days

3. (a) PRINT FULL NAME **SARAH REBECCA REDINGER**

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 **Widowed**

6. (b) Name of husband or wife **F. A. Redinger.**
6. (c) Age of husband or wife if alive **decd** years

7. Birth date of deceased **Oct 25 1868**
(Month) (Day) (Year)

8. AGE: Years **73** Months **11** Days **17**
If less than one day hr. min.

9. Birthplace **Bethel, Ind.**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home.**

11. Industry or business **Household Duties.**

MOTHER FATHER { 12. Name **Wesley Eaton.**

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

14. Maiden name **Susan Rice.**

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

16. (a) Informant **Mrs. Bessie Seigler.**

(b) Address **Drexel, Missouri.**

17. (a) **Burial** (b) Date thereof **10/14/41.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St Joseph, Mo.**

18. (a) Signature of funeral director **[Signature]**

(b) Address **Drexel, Mo.**

19. (a) **10/13/41.** (b) **Mabel Huston**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County **Cass.**
(c) City or town **Drexel.**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **12**
year **1941** hour **7** minute **15 A.M.**

21. I hereby certify that I attended the deceased from **2 Oct 9** 19**41** to **Oct. 12,** 19**41**
that I last saw **her** alive on **Oct 11** 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**
Duration **3 days**

Due to _____

Due to _____

Other conditions **gza**
(Include pregnancy within 3 months of death)

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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Basil A. Hattwell** (M. D. or other) **O.**

Address **Drexel Mo** Date signed **10/13/41.**

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

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

31305

State of Missouri }
County of Cass } ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

✓ On this 21st day of October, 1941, before me appears J. B. Hays,
local undertaker, who, upon his oath, states that the original record of ^{birth} death
for Sarah Rebecca Redinger (^{died} October 12, 1941), in the State of
Missouri, and which was filed at Cass Co. Missouri on Oct. 13, 1941, should be corrected as follows:

Item No. 8 should read (73 yrs--11 mon.--17 days)- age at decease

Instead of (74 yrs--11 mon.--17days)

Item No. 7 should read October, 25, 1867

Instead of October, 25, 1866.

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

X Affiant J. B. Hays undertaker
Relationship.

X Box 101 - Drexel Mo.
Present Address.

Subscribed and sworn to before me this 21st day of October, 1941.

My Commission expires July-18-1943. George Hatch Notary Public

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

OCT 23 1941

S-31305 1941