

FILED JAN 11 1943

Registration District No. 8

Primary Registration District No. 3-0-6-5120

Registrar's No. 3-92

1. PLACE OF DEATH: Boone

(a) County Boone

(b) City or town Rural (Cov. Jew)

(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 most of life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CHARLES AUGUSTUS REDMAN.

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 20 year 1942 hour \_\_\_\_\_ minute 29 M.

21. I hereby certify that I attended the deceased from 9-22 1942 to 12-20 1942

that I last saw him alive on 12-5 1942 and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Myrtle B. Redman

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

7. Birth date of deceased: 4 (Month) 9 (Day) 1882 (Year)

Immediate cause of death Coronary block Duration no much

Did not see him in his last attack rec. tell he was dead.

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

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

Other conditions (include pregnancy within 3 months of death) 940

8. AGE: Years 60 Months 8 Days 11 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

Major findings: None

Of operations \_\_\_\_\_

Of autopsy None

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

10. Usual occupation Carpenter

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William Volva Redman

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

14. Maiden name Elizabeth Vine

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

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? No (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature W. D. [unclear] (M. D. or other) \_\_\_\_\_

Address Columbia, Mo. Date signed 12-22-42

16. (a) Informant Myrtle B. Redman

(b) Address Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-42 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Parker F. Ser (WTO)

(b) Address Columbia, Mo.

19. (a) 12-22-1942 (Date received local registrar) (b) Colman H. Barber (Registrar's signature)

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

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DEC 3 1949

John  
Dravay

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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 W. H. Waiden

Licensed Embalmer No. 2494

P. O. Address Columbus

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.