S. No. 2
DM—2-43
5-17-39
X3

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 6 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13377

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1966

1. PLACE OF DEATH:

(a) County: Jackson

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

(c) Name of hospital or institution: 1118 East 8th. 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: 20 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48 3

(c) City or town: Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No.: 1118 E-8th
(If rural, give location)

(e) Citizen of foreign country? ____ (Yes or No): No
If yes, name country ____

3. (a) PRINT FULL NAME: Eliza J. Redifer

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: Widow

6. (b) Name of husband or wife: Robert Redifer

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

7. Birth date of deceased: June (Month) 2 (Day) 1862 (Year)

8. AGE: Years: 80 Months: 10 Days: 21 If less than one day: ____ hr. ____ min.

9. Birthplace: Indiana (City, town, or county) (State or foreign country)

10. Usual occupation: at home

11. Industry or business: ____

MOTHER FATHER

12. Name: Daniel Prosser

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

14. Maiden name: Ben Chany Husband

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

16. (a) Informant: Mrs Nora Schooling

(b) Address: 340 Gladstone Blvd

17. (a) Burial, cremation, removal: Removal (b) Date thereof: Apr-26-1943 (Month) (Day) (Year)

(c) Place: burial or cremation: Elmwood Cem

18. (a) Signature of funeral director: Mrs. C. L. Forster

(b) Address: Kansas City, Missouri

19. (a) 4-26-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 23rd. year: 1943 hour: 6 minute: p.m.

21. I hereby certify that I attended the deceased from 4-6, 1943, to 4-23, 1943; that I last saw her alive on 4-23-43, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary oedema	
Due to: Cardiac decompensation	several months.
Due to: Chr. diffuse nephritis	many years.
Other conditions (Include pregnancy within 3 months of death): General arteriosclerosis	

Major findings:
Of operations: 13/a
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? ____ (Specify type of place)

While at work? ____ (e) Means of injury: ____

23. Signature: Ford L. Lowry (M. D. ~~or other~~)

Address: Lathrop Bldg. K.C. Mo. Date signed: 4-24-43

(Licensed Embalmer's Statement on Reverse Side)

Dr. Ford Lowery

[illegible]

[illegible] 0984

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 Denzil C. Browning

Licensed Embalmer No. 27 [illegible]

P. O. Address [illegible]

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.