

JUN 7 1943

Registration District No. 749

Primary Registration District No. 1002

1. PLACE OF DEATH

(a) County Jackson

(b) City or town K.C.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2505 Michigan
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution about 12 yrs. (Specify whether years, months or days)

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 2505 Michigan
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Mineeva Reddick

3. (b) If veteran, name war _____

3. (c) Social Security No. 70

4. Sex Fe 3

5. Color or race Col

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

6. (b) Name of husband or wife Bill Reddick

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

7. Birth date of deceased July 5 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>63</u>	<u>10</u>	<u>18</u>	hr. _____ min. _____

9. Birthplace Brenham Texas
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business _____

MOTHER FATHER { 12. Name Nelson Calahan

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

14. Maiden name Jane

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

16. (a) Informant Nelson H. Randall

(b) Address 2724 Woodland

17. (a) Removal (b) Date thereof 5-25-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Temple Texas

18. (a) Signature of funeral director Adkins Bros.

(b) Address 2000 E. 13th, K.C. Mo.

19. (a) 5-25-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1943 hour 8:10 minute P. M.

21. I hereby certify that I attended the deceased from Sept 14 1942 to May 23 1943 that I last saw her alive on May 23 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration _____

Due to _____

Due to 83-5

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

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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)

(e) Means of injury _____

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

Address 1832 Vine Date signed 5-24-43

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

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. J. Moore

Licensed Embalmer No. 948

P. O. Address Kansas City 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.