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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3129

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 13

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1302 West Maple /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NO (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Rural Blue 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 1000 South Logan
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME ANNIE JANE RADMALL

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced 2 widowed

6. (b) Name of husband or wife Henry J. Radmall
6. (c) Age of husband or wife if alive years

7. Birth date of deceased October (Month) 12th, (Day) 1862 (Year)

8. AGE: Years 81 Months 2 Days 26 If less than one day hr. min.

9. Birthplace Goshen, (City, town, or county) Utah / (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Richins
13. Birthplace (City, town, or county) England 4 (State or foreign country)

MOTHER
14. Maiden name Charlotte Taylor
15. Birthplace (City, town, or county) England 4 (State or foreign country)

16. (a) Informant Mrs. J.E. Vanderwood
(b) Address Independence, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/11/44 (Month) (Day) (Year)
(c) Place: burial or cremation Mound Grove Cem.

18. (a) Signature of funeral director Roland R. Speaks
(b) Address Independence, Missouri.

19. (a) 1-10-1944 (Date received local registrar) (b) James W. Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8th, year 1944 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 31, 1942, to Jan 8, 1944 that I last saw her alive on Jan. 7, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	1 wk
~~Due to~~	
~~Due to~~	
Other conditions Generalized Arteriosclerosis (Include pregnancy within 3 months of death)	
~~Major findings~~ Of operations Arterial Hypertension ? Hypertensive Heart ?	
~~Of autopsy~~ Disease	

93d

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 Chas. F. Grabske (M. D. or other)
Address Independence, Mo. Date signed 1/9/44

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(Licensed Embalmer's Statement on Reverse Side)

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 Roland R. Speake

Licensed Embalmer No. 3604

P. O. Address Indep. 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.