

S. No. 2  
M-2.43  
5-17-39  
I X35697

22355

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 1971

FILED JUN 28 1944  
387

Registration District No. \_\_\_\_\_

Primary Registration District No. 6033

1. PLACE OF DEATH:  
 (a) County Ripley  
 (b) City or town Sucker Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Salmon's  
(If not in hospital or institution, write street number or location) 1  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Ripley  
 (c) City or town Sucker Mo.  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? no. (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FLORA J. REDUS  
 3. (b) If veteran, \_\_\_\_\_ name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month May day 30, year 1944 hour 1 minute 35 A.M.  
 21. I hereby certify that I attended the deceased from 5-28, 1944, to 5-30, 1944  
 that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

Immediate cause of death: Broncho Pneumonia Duration 12 Hrs

8. AGE: Years Months Days If less than one day  
2 21 hr. \_\_\_\_\_ min.

9. Birthplace Southern Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
 12. Name Raney Redus  
 13. Birthplace Ripley County Mo.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Vesta Tucker  
 15. Birthplace Ripley County Mo.  
(City, town, or county) (State or foreign country)

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Raney Redus  
 (b) Address Sucker Mo.

17. (a) Burial (b) Date thereof May 30 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

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? \_\_\_\_\_

18. (a) Signature of funeral director B. Lacker mortuary  
 (b) Address Southern Mo.

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

19. (a) 6-21-44 (b) E. B. Johnston  
(Date received local registrar) (Registrar's signature)

23. Signature J. W. Brown (M. D. or other) \_\_\_\_\_  
 Address Peoria Mo. Date signed 6-2-44

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.....

*Not Embalmed*....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**