

U. S. No. 2
FORM-5-42
Rev. 5-17-39
PI X32873

24373

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 2 1944

Registration District No. 58

Primary Registration District No. 4098

Registrar's No.

1. PLACE OF DEATH:

(a) County Carter
(b) City or town Elsinore
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route 1, Elsinore, Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carter
(c) City or town Elsinore
(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 Cleta Joan Redick

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, single

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

7. Birth date of deceased February 26, 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 0 0 hr. min.

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

10. Usual occupation

11. Industry or business

12. Name Claudia Redick

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

14. Maiden name Mary Bune Tipton

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

16. (a) Informant Edd Thomas Tipton

(b) Address Elsinore, Missouri

17. (a) Burial (b) Date thereof June 29, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bounds Cemetery

18. (a) Signature of funeral director

(b) Address

19. (a) July 8, 1944 (b) Mrs J J Smith
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day
year hour minute M.

21. I hereby certify that I attended the deceased from June 10 1944 to June 12 1944
that I last saw h. ex alive on June 12 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Duration

Due to
Unknown

Due to
1190

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations Colitis

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 M. D. Marshall M. S. (M. D. or other)

Address Date signed

1579

(Licensed Embalmer's Statement on Reverse Side)

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

800

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.....

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.