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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 13 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27618

Registration District No. 99 Primary Registration District No. 4168 Registrar's No. 227

1. PLACE OF DEATH:

(a) County DE KALB

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

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

(d) Length of stay: In hospital or institution (Specify whether In this community 40 YRS. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DE KALB 32

(c) City or town MAYSVILLE (If outside city or town limits, write "RURAL") 0

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

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

If yes, name country 0

3. (a) PRINT FULL NAME FRANKLIN ARTHUR REDDING

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex MALE

5. Color or race W

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

6. (b) Name of husband or wife MARY A. REDDING

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased FEBR. (Month) 10 (Day) 1876 (Year)

8. AGE: Years 68 Months 6 Days 15 If less than one day hr. min.

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

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name WILLIAM V. REDDING
13. Birthplace (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name SUSAN MARY JOHNSON
15. Birthplace (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant Mary A Redding
(b) Address Maysville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-28-44 (Month) (Day) (Year)
(c) Place burial or cremation Cox Lawn

18. (a) Signature of funeral director Ralph Hunt Hamm
(b) Address Maysville Mo

19. (a) 8-28-44 (Date received local registrar) (b) John Clarke (Registrar's signature)

1578

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 25 year 1944 hour 3 minute 30 P. M.

21. I hereby certify that I ~~attended the deceased from~~ viewed the body 19 , 19 ; ~~that I last saw be alive on~~ , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death INTERNAL CHEST HEMORRHAGE FROM PENETRATION OF HEART AND

Due to LEFT LUNG, SHOT GUN WOUND. SELF-INFLICTED.

Due to

Other conditions (Include pregnancy within 3 months of death) 164C

Major findings: Of operations

Of autopsy

Duration

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) SUICIDE, 12 GAUGE

(b) Date of occurrence AUG 25, 1944. SHOT GUN

(c) Where did injury occur? MAYSVILLE (City or town) DEKALB (County) MO (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? HOME (Specify type of place)

While at work? (e) Means of injury 12 GAUGE

23. Signature Arthur E. Rockhold (M. D. or other) DO,

Address Union Star, Mo Date signed 8/25/44

(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.....

Licensed Embalmer No. 3960

P. O. Address Magnolia Ms

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.