

FILED FEB 6 1945

State File No. _____

263

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution 548 Main
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community unknown years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town K.E.
(If outside city or town limits, write "RURAL")

(d) Street No. 548 Main
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Henry Redfern

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased unknown
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 13
year 1945 hour 2:20 minute A M.

21. I hereby certify that I attended the deceased from _____ 19____
that I last saw alive on _____ 19____
and that death occurred on the date and hour stated above

8. AGE: Years Months Days If less than one day

April 82 hr. _____ min.

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

10. Usual occupation unknown

11. Industry or business _____

MOTHER FATHER { 12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Crown Officer

(b) Address K.E. Mo.

17. (a) Burial (b) Date thereof 1-18-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cem.

18. (a) Signature of funeral director T. G. Brown

(b) Address K.E. Mo.

19. (a) 1-17-45 (b) T. G. Brown
(Date received local registrar) (Registrar's signature)

Immediate cause of death Coronary occlusion

Due to arteriosclerosis

Due to _____

Other conditions G/A
(Include pregnancy within 3 months of death)

Major findings: Of operations History + Inquest

Of autopsy no

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. G. Brown (M. D. or other) 3

Address 624 1/2 Main St Date signed 1-14-45

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..... *J. S. Walton*
Licensed Embalmer No. *2744*
P. O. Address..... *KCMO*

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.