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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 17 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1383

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5381

1. PLACE OF DEATH:

(a) County Jackson,
(b) City or town Kansas City,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Windemere Apartments
(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 since 1912
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48
(c) City or town Kansas City, 3
(If outside city or town limits, write "RURAL")
(d) Street No. Windemere Apts., 601 E. Armour Blvd.
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Mrs. Pauline C. Redmond

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

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

6. (b) Name of husband or wife Joseph K. Redmond
6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased July (Month) 20 (Day) 1894 (Year)

8. AGE: Years 50 Months 5 Days 9 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business no.

FATHER
12. Name Dr. C. F. Champion
13. Birthplace unknown, (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Katherine Daniels
15. Birthplace unknown, (City, town, or county) (State or foreign country)

16. (a) Informant Joseph K. Redmond
(b) Address 601 E. Armour, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 24 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K.C. Mo.

19. (a) 12-31-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 29th year 1944 hour 11:00 minute A. M.

21. I hereby certify that I attended the deceased from Nov 1942, 19, to Dec 29, 1944; that I last saw her alive on 12-29, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Tamponade — Spontaneous Rupture of aorta non syphilitic

Due to Hypertension

Due to

Other conditions (Include pregnancy within 3 months of death) 96

Major findings:
Of operations
Of autopsy See above.

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)
(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 W. Mayers (M. D. or other)
Address Kansas City Mo Date signed 12/29/44

(Licensed Embalmer's Statement on Reverse Side)

Dr. W. A. Myers,

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Kansas City 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.