

FILED MAY 9 1945

State File No. \_\_\_\_\_

Registration District No. 164

Primary Registration District No. 3032

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Johnson  
(b) City or town Warrensburg  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Warrensburg Clinic Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson  
(c) City or town Holden  
(If outside city or town limits, write "RURAL")  
(d) Street No. South Main Street  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country XXXX

3. (a) PRINT FULL NAME Josephine Frances Redford

MEDICAL CERTIFICATION

3. (b) If veteran, name war none 3. (c) Social Security No. none

20. DATE OF DEATH: Month April day 9 year 1945 hour 1:45 minute P M.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife George W. Redford 6. (c) Age of husband or wife if alive dec'd years  
7. Birth date of deceased May 30, 1855  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-1-45, 19\_\_\_\_, to 4-9-45, 19\_\_\_\_; that I last saw her alive on 4-9-45, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Chr Myocarditis ?

8. AGE: Years 89 Months 10 Days 9 If less than one day hr. \_\_\_\_ min. \_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

10. Usual occupation housewife

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business at home

Major findings: Of operations \_\_\_\_\_

12. Name W. W. Jackson

Of autopsy \_\_\_\_\_

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

14. Maiden name Rebecca L. McFarland

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

16. (a) Informant King Redford

(b) Address Holden, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 11, 1945  
(Month) (Day) (Year)

(c) Place: burial or cremation Rock Springs Cem.

18. (a) Signature of funeral director Canaday and Ropp

(b) Address Holden, Missouri.

19. (a) April 12, 1945 (Date received local registrar) (b) Leola Williams (Registrar's signature)

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 MO

23. Signature R. F. McKinnis (M. D. or other) MO

Address Warren St. Holden Date signed 4-12-45

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1801

(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 W. C. Canaday

Licensed Embalmer No. 3434

P. O. Address Holden, 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.**