

FILED FEB 11 1946  
Registration District No. 30

Primary Registration District No. 5103

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Benton  
(b) City or town Fristoe Rural Trustee  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1 Turley  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Benton  
(c) City or town Fristoe  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Vannoy Reddick

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 Widowed  
6. (b) Name of husband or wife Cal Reddick 6. (c) Age of husband or wife if alive deceased years  
7. Birth date of deceased May 25 1863  
(Month) (Day) (Year)

8. AGE: Years 82 Months 7 Days 27  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation none

11. Industry or business \_\_\_\_\_

12. Name E. Shisler  
13. Birthplace Unknown Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Cora May Walthall  
(b) Address Fristoe, Missouri

17. (a) Burial (b) Date thereof 1-25-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Stanberry Mo

18. (a) Signature of funeral director Reser Funeral Home  
(b) Address Warsaw Mo

19. (a) 1-23-46 (b) Gas A Logan  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22  
year 1946 hour 2 minute A M.

21. I hereby certify that I attended the deceased from Apr-4, 1945 to Jan 22, 1946  
that I last saw him alive on Jan 1, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Chronic Hypertension 10 yrs.  
Due to \_\_\_\_\_

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

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 938

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)  
(c) Means of injury \_\_\_\_\_

23. Signature James S. Logan M.D. or other \_\_\_\_\_  
Address Warsaw Mo Date signed 1/23/46

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

050

23

RECEIVED

Officer No. 1,

1-46-122

Date Filed

2-8-46

FEB 18 1946

**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:

*Paul Richard Brown*

Licensed Embalmer No. 4324

P. O. Address. *Warsaw, 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.**