

S. No. 2
OM-5-43
rv. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32706**
Registrar's No. **239**

FILED OCT 17 1948
Registration District No. **38**

Primary Registration District No. **3006**

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

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Boone County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Hours
(Specify whether
In this community 2 Years
years, months or days)

3. (a) PRINT FULL NAME DOROTHY LOUISE REDMOND
3. (b) If veteran, name war None
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 William Redmond
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 10 - 16 - 1922
(Month) (Day) (Year)

8. AGE: Years 23 Months 11 Days 18
If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER
12. Name William R. Davis
13. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Ruth Pollock
15. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant William Redmond
(b) Address 713 Allton Ave., Columbia, Mo.

17. (a) Burial (b) Date thereof 10 - - 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centralia, Mo.

18. (a) Signature of funeral director Parson Funeral Service
(b) Address Columbia, Mo.

19. (a) 10-7-46 (b) Mrs R E Palmer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 713 Allton Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4
year 1946 hour 12 minute P. M.

21. I hereby certify that I attended the deceased from 10-1-1946 to 10-5-1946
that I last saw alive on 10-5-46
and that death occurred on the date and hour stated above

Immediate cause of death Post Partum Hemorrhage and shock of uterus of placenta
Due to Placenta of uterus of placenta
Due to Placenta of uterus of placenta
Other conditions include pregnancy within 3 months of death

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

Major findings: Of operations
Of autopsy

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?

23. Signature William (M. D. or other)
Address Columbia Mo Date signed 10/7/46
While at work? (Specify type of place) (e) Means of injury

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 10-15-46

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 L. Young
Licensed Embalmer No. 41327
P. O. Address. Columbia, 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.