

FILED JAN 14 1947  
Registration District No. 299

Primary Registration District No. 6075

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Reynolds  
(b) City or town Rural, Black River  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
West of Black, 18 miles /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Reynolds 91  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8 miles west of Black  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Vica Elizabeth Radford

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

4. Sex fem  
5. Color or race white  
6. (a) Single, widowed, married, divorced, widowed  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 6 1867  
(Month) (Day) (Year)

8. AGE: Years 79 Months 5 Days 13  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Reynolds County Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

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

MOTHER FATHER {  
12. Name Unknown 7  
13. Birthplace Unknown 7  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Charley Radford  
(b) Address West Fork Mo.

17. (a) burial (b) Date thereof 12-20-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation West Fork Mo.

18. (a) Signature of funeral director none

(b) Address \_\_\_\_\_

19. (a) 12/24/46 (b) E.M. Stribanich  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19  
year 1946 hour 2 minute 50 A.M.

21. I hereby certify that I attended the deceased from 1-10-44  
31 19 \_\_\_\_\_ to 12-18-19-1946  
that I last saw him alive on 12-18-1946  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Carcinoma of the breast & lungs.

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

Other conditions  
(Include pregnancy within 3 months of death)

Major findings: Of operations SD  
Of autopsy \_\_\_\_\_  
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 E.M. Stribanich M.D.  
Address \_\_\_\_\_ Date signed 12/19/46

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

40559

RECEIVED

District Health Officer No. 5,

District File Number 14712

Date Filed 1-12-47

---

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.

no embalmer present

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**