S. No. 2
M—1/47
5-17-39

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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 26 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11860

Registration District No. 88

Primary Registration District No. 5267

Registrar's No. 2

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

1. PLACE OF DEATH:
(a) County Christian
(b) City or town Highlandville Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: —
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
(Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Christian 22 0
(c) City or town Highlandville Mo 0
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? No, (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME George W. Redman
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
5. Color or race W.
6. (a) Single, widowed, married, divorced widowed 2
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Oct (Month) 22 (Day) 1866 (Year)

8. AGE: Years 81 Months 2 Days 11 If less than one day hr. min.

9. Birthplace Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Henry Milton Redman
13. Birthplace Illinois (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Artie McKee
15. Birthplace Indiana (City, town, or county) (State or foreign country)
16. (a) Informant Ellis Redman
(b) Address Highlandville
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 4-48 (Month) (Day) (Year)
(c) Place: burial or cremation Highlandville
18. (a) Signature of funeral director T. B. Chaffin
(b) Address Ozark, Mo
19. (a) Feb 1-1948 (Date received local registrar) (b) Loretta M. Leonard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 1" year 1948 hour 11 minute 10 A M.
21. I hereby certify that I attended the deceased from Oct 1947, to Dec 31, 1948 that I last saw him alive on Dec 31, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	
Due to Myocarditis (Acute)	
Due to Carcinoma of Stomach	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy
46B

PHYSICIAN
Underline the cause of 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 2
23. Signature Richard E. Mitchell (M. D. or other) DO
Address Ozark, Missouri Date signed 1-9-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 448-490
Date Filed APR 23 1948

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark 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.