No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 11 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13736

Registration District No. 299 | Primary Registration District No. 6027 | Registrar's No. 12

1. PLACE OF DEATH:
(a) County: Reynolds
(b) City or town: Corridon (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Reynolds 90
(c) City or town: Corridon (If outside city or town limits, write "RURAL") 0
(d) Street No. ..... (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Mary E. Radford
3. (b) If veteran, name war: —
3. (c) Social Security No.: —

4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: James Radford
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: July 5, 1867 (Month) (Day) (Year)

8. AGE: Years 80 | Months 8 | Days 26 | If less than one day ..... hr. ..... min.

9. Birthplace: St. Francois County, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation: At Home
11. Industry or business .....

MOTHER
12. Name: Jim Willis
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)

FATHER
14. Maiden name: Mary Howard
15. Birthplace: Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant: Marcus W. Radford
(b) Address: Corridon, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/1/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Polk Cemetery
18. (a) Signature of funeral director: Bel Spencer
(b) Address: Salem, Missouri
19. (a) ..... (Date received local registrar) (b) C. M. Fitzpatrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 31 year 1948 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Lesion of aortic valve, several years standing, sudden death, no
Due to: attending physician prior to death
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....

Duration

Major findings:
Of operations: 92 A
Of autopsy .....

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? ..... Means of injury 0
23. Signature: A. F. Bugg (M. D. or other)
Address: Elkington, Mo. Date signed April 31, 1948

A. F. BUGG

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

MAY 11 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.....

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.

No. 2B
M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL -6 1948

Registration District No. 2 9 9

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6027

State File No. May

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Reynolds

(b) City or town Corridon
(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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mary E Radford

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive

7. Birth date of deceased July 5 (Month) (Day) (Year)

8. AGE: Years 80 Months 8 Days 26 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) E M Fitzpatrick (Registrar's signature)

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20. DATE OF DEATH: Month April 31 year 1948 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;

that I last saw h alive on , 19 ;

and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

5-13736