

Registration District No. **282**

Primary Registration District No. **5980**

1. PLACE OF DEATH:

(a) County **Polk**
(b) City or town **Brushart sup. Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
3 1/2 mi. S.E. of Gedrich;
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **65 years** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Polk 84**
(c) City or town **Brushart "Rural"**
(If outside city or town limits, write "RURAL")
(d) Street No. **3 1/2 mi. S.E. of Gedrich Mo**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **None**

3. (a) PRINT FULL NAME

William Robert Redman

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Male** Color or race **Wh.**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Maude Redman**

6. (c) Age of husband or wife if alive **63** years

7. Birth date of deceased **Jan 14 1880**
(Month) (Day) (Year)

8. AGE: Years **68** Months **3** Days **18**
If less than one day hr. min.

9. Birthplace **Polk Co Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

MOTHER FATHER

11. Industry or business

12. Name **James Polk Redman**

13. Birthplace **Polk Co Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Williams**

15. Birthplace **Polk Co Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Maude Redman**

(b) Address **Brushart Mo**

17. (a) **Rural** (b) Date thereof **Apr 3 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bureau-Mitchell Camp**

18. (a) Signature of funeral director **Ralph Gordon**

(b) Address **Brushart Mo**

19. (a) **July 2, 1948** (b) **Ralph Gordon**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **20** year **1948** hour **18** minute **40** M.

21. I hereby certify that I attended the deceased from **Aug 24th 1948** to **March 26 1948**
that I last saw him alive on **March 26 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis yrs.**
Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **939**

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? **u**

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **D. F. Wilson** (M. D. or other) **D**

Address **Fair Play Mo** Date signed **6/26/48**

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

0-2
43
7-39
K37823

RECEIVED

District Health Officer No. 7,

District File Number 6-48-769

Date Filed 7-8-48

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.....

Chas Jester

Licensed Embalmer No. 4154

P. O. Address Bolivar, Md

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.