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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED AUG 26 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registrar's No. **3016**

Registration District No. **149**

Primary Registration District No. **1004**

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

**1. PLACE OF DEATH:**  
(a) County **Jackson**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**General Hospital No. 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **7 days**  
(Specify whether years, months or days) **3 days yrs**

**3. (a) PRINT FULL NAME** **Arthur Redding Jr**  
**3. (b) If veteran,** name war **no**  
**3. (c) Social Security No.** **no**

**4. Sex** **male** **5. Color or race** **white** **6. (a) Single, widowed, married, divorced** **single**

**6. (b) Name of husband or wife.** \_\_\_\_\_ **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years

**7. Birth date of deceased.** **June 17 1929**  
(Month) (Day) (Year)

**8. AGE:** Years **19** Months **1** Days **3** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

**10. Usual occupation** **at school**

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

**MOTHER FATHER**  
**12. Name** **Arthur Redding Sr**  
**13. Birthplace** **Waredale Kansas**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **Eva Thatcher**  
**15. Birthplace** **Turner Kansas**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Arthur F. Redding**  
**(b) Address** **Snyder mo.**

**17. (a) Burial** **(b) Date thereof** **July 23-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Brinswick mo.**

**18. (a) Signature of funeral director** **W. C. L. Foster**

**(b) Address** **918 Broadway**

**19. (a) 7-43-48 (b) Geraldine Halmea**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3514 Morrell**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **July** day **20**  
year **1948** hour **3** minute **45 P. M.**

**21. I hereby certify that I attended the deceased from**  
**July 13 1948 to July 20 1948;**  
that I last saw him alive on **July 20 1948;**  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

**Rheumatic heart disease**

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death) **95b**

Major findings:  
Of operations \_\_\_\_\_

Of autopsy **See above**

**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** **W. C. L. Foster** (M. D. or other) **21**  
Address **Med. Dir. Gen'l Hopp.** Date signed **7-21-48**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

*R. L. Herrmann  
St. Louis*

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**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 *R. L. Herrmann*

Licensed Embalmer No. 3700

P. O. Address *J. C. 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.**