

40491-319

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 328

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 668319

1. PLACE OF DEATH: 2

(a) County Pettis

(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
304 West Cooper
(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 Ten years

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Mo (b) County Pettis

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

(d) Street No. 304 W Cooper
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME LELA-MYRTLE-REDMON

(b) If veteran, name war _____

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20
year 1939 hour 5 minute P M.

21. I hereby certify that I attended the deceased from Aug 16, 1939, to Nov 20, 1939;
that I last saw her alive on 11-20, 1939
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race Caucasian

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

6. (b) Name of husband or wife Frank Redmon

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased March 18-1890
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Liver

Due to unknown

Due to HB

8. AGE: Years 49 Months 8 Days 2
If less than one day hr. min.

Other conditions Myocarditis
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy No

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Frank Mopius

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

14. Maiden name Marionne Mopius

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

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? _____

16. (a) Informant's own signature L. R. Redmon

(b) Address 304 West Cooper

17. (a) Sinton Mo (b) Date thereof Nov 22, 1939
(burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sinton Mo

18. (a) Signature of funeral director Joseph E. Richards

(b) Address Sinton Mo

19. (a) Nov 20 1939 (b) Mar. Harry Sneed
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place)

(a) Means of injury _____

23. Signature L. R. Redmon (M. D. or other) _____

Address 116 1/2 W. Main Date signed 11-20-39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

65/3/89
RECEIVED
Health Officer No. 8

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed James E. Richards
Licensed Embalmer No. 2466
P. O. Address Tipton, 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, above space should be left blank.