

FILED OCT 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30820
Registrar's No. 39

Registration District No. 29

Primary Registration District No. 11166

1. PLACE OF DEATH

(a) County DeKalb
(b) City or town Weatherby mo.
(c) Name of hospital or institution:
(If outside city or town limits, write "RURAL" and name of township)
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County DeKalb-32
(c) City or town Weatherby
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Sarah Alice Edwards

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, married
6. (b) Name of husband or wife Dick Edwards 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased 12 - 18 1878
(Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 15 If less than one day hr. min.

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

10. Usual occupation Retired Housewife

11. Industry or business

12. Name Geo Windmill 4

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

14. Maiden name Price (City, town, or county) (State or foreign country)

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

16. (a) Informant Evelyn Chapin

(b) Address Cameron St.

17. (a) Burial (b) Date thereof 9-5-47 (Month) (Day) (Year)

(c) Place: burial or cremation Christian Chapel

18. (a) Signature of funeral director Mrs. Kate Shoup

(b) Address Weatherby Mo.

19. (a) 9-10-47 (b) P. Davidson (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 3 year 1947 hour 10 minute A.M.

21. I hereby certify that I attended the deceased from May 1947 to Sept 3 1947 that I last saw her alive on Sept 2 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis ?

Due to

Due to

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

Major findings: Of operations

Of autopsy

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, Harold Fowler (M.D. or other) 2

Address, Weatherby Mo. Date signed 9-4-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

2
0
0

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed L. O. Richesson.....

Licensed Embalmer No. 3302.....

P. O. Address Gallatin, 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.