REC'D JUL 20 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22094
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper
(b) Township
(c) City Carthage
Registration District No. 408
Primary Registration District No. 3020
Registered No.
(d) Street No. McCune-Brooks Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Infant Daughter of Ira & Edna Edwards
(a) Residence, No. R#1 Carthage St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2-1938
7. AGE: Years 0 Months 0 Days 0 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carthage Mo.

FATHER
13. NAME Ira I. Edwards
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper Co. Mo.

MOTHER
15. MAIDEN NAME Edna Olsen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cass Co. Iowa.

17. INFORMANT (ADDRESS) Ira I. Edwards Carthage Mo. R#1
18. BURIAL, CREMATION, OR REMOVAL PLACE Haskin DATE 6-3 1938
19. FUNERAL DIRECTOR (ADDRESS) Ulmer Carthage Mo.
20. FILED June 3, 1938 E. J. McEntire, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2 1938

22. I HEREBY CERTIFY That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on Born dead. Death is said to have occurred on the date stated above, at 8:00 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
7 mo. gestation	
premature	

Other contributory causes of importance:
premature separation of placenta
cause unknown

Name of operation none Date of
What test confirmed diagnosis? physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) George H. Wood M. D.
86. (Address) Carthage Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Edward [illegible], Licensed Embalmer No. 2222

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Edward [illegible]

Licensed Embalmer No. 222

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)