

REC'D JAN 13 1938

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

41683  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township Kaw Primary Registration District No. 1002 Registered No. 4749  
(c) City Kansas City, Mo. (d) Street No. St Marys Hospital  
(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 Andrew A. Edwards

(a) Residence, No. 326 S. Jackson St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosamond Edwards

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 12, 1874

7. AGE YEARS 64 MONTHS 3 DAYS 22 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Engineer  
9. Industry or business in which work was done, as saw mill, bank, etc. Mo. Pac. R.R. Co.  
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) Canada

FATHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Mrs. Rosamond Edwards,  
(ADDRESS) 326 S. Jackson, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Dec. 7-38

19. FUNERAL DIRECTOR (NAME) C.H. Blackman & Son, Inc  
(ADDRESS) 2825 Indep. Blvd. K.C. Mo.

20. FILED Dec 6 1938 M. M. Brown  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 13 1938, to Dec. 4 1938  
I last saw him alive on Dec 4 1938 Death is said to have occurred on the date stated above, at 6:45 m. PM  
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis  
1st attack Jan. 1938  
acute myocardial infarction  
Date of onset Dec. 2-38  
Other contributory causes of importance: Coronary atherosclerosis

Name of operation none Date of.....  
What test confirmed diagnosis? clinical & lab. 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) J. O. Cusack M. D.  
(Address) 1002 Argyle Bldg  
K.C., Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**