

REC'D FEB 20 1939

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

1286

Do not use this space.

299

1. PLACE OF DEATH
- (a) County Jackson Registration District No. 399
- (b) Township Kaw Primary Registration District No. 1002
- (c) City Kansas City (d) Street No. 4040 College St.
- (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 MR. JAMES J. EDMONDS
- (a) Residence, No. 355 4040 College 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Flora B. Edmonds
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 14, 1861
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
- 77 2 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Hardware
9. Industry or business in which work was done, as saw mill, bank, etc. Merchant
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) Michigan

13. NAME James W. Edmonds

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

15. MAIDEN NAME Miss Mary Tremuth

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

17. INFORMANT D. D. Edmonds, (ADDRESS) 4040 College, Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Avalon, Mo. DATE Jan. 24, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stine & McClure Kansas City, Missouri.

20. FILED Jan 24 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 1938, to January 22, 1939

First saw him alive on January 22, 1939. Death is said to have occurred on the date stated above, at P. 11:55

The principal cause of death and related causes of importance were as follows:

Primary thrombosis myocardial failure 940

Other contributory causes of importance: Generalized arteriosclerosis.

Name of operation _____ 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? None

If so, specify _____

(Signed) Thomas S. DeHaven, M. D.

(Address) 934 Argyle Building Kansas City, Mo.

L 1 4652
U 1 8229

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.