

REC'D FEB 11 1939

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

1716

Do not use this space.

1. PLACE OF DEATH

(a) County BUCHANAN Registration District No. 86
 (b) Township Washington Primary Registration District No. 5127 Registered No. 7
 (c) City ST. JOSEPH (d) Street No. R.F.D. #1 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred 79 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

321 GEORGE - W - EDGAR,
 (a) Residence, No. R.F.D. #1 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 Male 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Effie Edgar

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 0 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer -
 9. Industry or business in which work was done, as saw mill, bank, etc. Laborer - Ret.
 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) Buchanan Co Mo.

FATHER 13. NAME unknown

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

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Mrs. Effie Edgar
R.F.D. #1

18. BURIAL, CREMATION, OR REMOVAL PLACE Freeman Chapel DATE Jan 20, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stoney Funeral Home
St. Joseph, Mo.

20. FILED Jan. 19, 1939 Wynette M. Hanson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18, 1939

22. I HEREBY CERTIFY, that I attended deceased from Jan 1, 1938, to Jan 18, 1939

I last saw him alive on Jan 10, 1939 Death is said to have occurred on the date stated above, at 7:00 A.M.

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

Coronary thrombosis Date of onset unk.
Coronary atherosclerosis 1918
922

Other contributory causes of importance:

Chronic Myocarditis ?
Uremia
Chronic !

Name of operation none Date of

What test confirmed diagnosis? Clinical 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) H. S. Gannon, M. D.

(Address) St. Joseph, 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, myself, or by

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

Signed John Roy Stawney

Licensed Embalmer No. 2435

P. O. Address St Joseph Miss

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.