

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

2541
 Do not use this space.

REC'D FEB 21 1939

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398.
 (b) Township 1 Primary Registration District No. 3019. Registered No. 2.
 (c) City Independence (d) Street No. _____ 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 Mrs May Edwards

(a) Residence, No. 1117 West Elm 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 Female 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 Alvin Edwards.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 22-1890

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>48</u>	<u>4</u>	<u>10</u>	

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) Palmer, Kansas

13. NAME Jacob Holmes

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

15. MAIDEN NAME Angelina Campbell

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

17. INFORMANT Alvin Edwards
 (ADDRESS) Indep. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Boned Grove DATE Jan 4 1938

19. FUNERAL DIRECTOR Cate & Speck's Funeral Home
 (ADDRESS) Indep. Mo.

20. FILED 1-13-39 F. L. Cook
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-1 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____
J. J. Johnson
 I last saw h..... alive on _____, 19____ Death is said to have occurred on the date stated above, at 11:45 P.M.
 The principal cause of death and related causes of importance were as follows:
Acute cerebral edema
Acute pulmonary edema
Card. undetermined
 Date of onset _____

Other contributory causes of importance: 1110'

Name of operation none Date of _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? Y

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____
 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? _____
 If so, specify _____
 (Signed) J. J. Johnson, M. D.
 (Address) 350

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)