REC'D FEB 24 1939

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

2762
Do not use this space.

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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1. PLACE OF DEATH
(a) County Johnson
(b) Township
(c) City Warrensburg
Registration District No. 431
Primary Registration District No. 3023
Registered No. 4
(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 31 yrs. 2 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Henry Edwards
(a) Residence, No. ..... 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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Neppie Edwards
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 2 1884
7. AGE: Years 54 Months 10 Days 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
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) Lebanon Penn

FATHER
13. NAME Foster Edwards
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon Penn

MOTHER
15. MAIDEN NAME Louella Timsley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon Penn

17. INFORMANT (ADDRESS) Neppie Edwards Warrensburg

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Hill DATE Jan 17 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Sweeney-Phillips

20. FILED Jan 16 1939 Ezra Finley Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 15 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 1938 to Jan 15 1939
I last saw him alive on Jan 13 1939. Death is said to have occurred on the date stated above, at 2:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Aug 38

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Laboratory 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?
If so, specify
(Signed) W. R. Patterson M. D.
(Address) Warrensburg Mo.

(Licensed Embalmer's Statement on Reverse Side)

ECEIVED
istrict Health Officer No. 8,
strict File Number 2/3/39
ate Filed

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, S Ray Swerney, or by

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

Signed S Ray Swerney

Licensed Embalmer No. 1121

P. O. Address Warrensburg

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

If this body is not embalmed, above space should be left blank.