

REC'D MAR 16 1939

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

6939

Do not use this space.

1. PLACE OF DEATH

(a) County Texas Registration District No. 431
(b) Township Warrensburg Primary Registration District No. 3023
(c) City Warrensburg (d) Street No. _____ (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 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. 19

2. PRINT FULL NAME

355 Emma Jessie Edmond
(a) Residence, No. 504 N. Main 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 Fe 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 Henry H. Edmond

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 11 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
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) Texas13. NAME Wm. H. William14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas15. MAIDEN NAME Mary E. Neal16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas17. INFORMANT (ADDRESS) Henry H. Edmond
504 N. Main St. Warrensburg Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Lola Kansas DATE Feb 3, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) W.F. Wilcox Funeral Service
Warrensburg Mo.20. FILED Feb 2, 1939 Eva J. Bentley
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 1, 193922. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1939, to Feb 1, 1939

I last saw h. ex. alive on Feb 1, 1939. Death is said to have occurred on the date stated above, at 7 A.M.
The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Nephritis
with Uremia

Other contributory causes of importance

Chronic myocarditis

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy 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) W. H. Johnson, M. D.
Warrensburg (Address)

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.

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 3/10/39

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.....

Donald W. Turpin....., Registered Apprentice No.....
working under my personal supervision.

Signed *Donald W. Turpin*.....

Licensed Embalmer No. *3053*.....

P. O. Address *Warrensburg Mo.*.....

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.