DEC'D MAY 11 1939

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

14232
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan 2 Registration District No. 85
(b) Township Washington 1 Primary Registration District No. 1001 Registered No. 353
(c) City St. Joseph (d) Street No. 2411 South 19th. 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 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 375 Fannie Olive Edson
(a) Residence, No. 2411 South 19th. 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 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 Chas. A. Edson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 5, 1881

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
57	3	26	

OCCUPATION
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) Stanberry Missouri

FATHER
13. NAME R. F. Hill
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Iowa

MOTHER
15. MAIDEN NAME Elizabeth Curtis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Nebraska

17. INFORMANT (ADDRESS) Chas A. Edson 2411 South 19th. St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Auburn DATE April 3, 1939

19. FUNERAL DIRECTOR (ADDRESS) Walter Meierhoffer 1302 Faraon St. St. Jos., Mo.

20. FILED April 5 1939 H. J. Nestlebush P.B. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Mar 26, 1939, to April 1, 1939
I last saw her alive on April 1, 1939 Death is said to have occurred on the date stated above, at 9:30 P m.
The principal cause of death and related causes of importance were as follows:

Apoplexy — Date of onset 3/26/39

8 2 w 1

Other contributory causes of importance: Obesity ?

Name of operation None Date of —
What test confirmed diagnosis? Phy. Exam. 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) M. H. Talty ; M. D.
85 (Address) Corby Bldg. St. Joseph Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

11/5/7

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Ch. 2-3331

STATEMENT BY LICENSED EMBALMER

I, H. H. Kelly, Licensed Embalmer No. 3946

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed H. H. Kelly

Licensed Embalmer No. 3946

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:)