REC'D JUN 20 1939

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

19163
Do not use this space.

1. PLACE OF DEATH
(a) County Macon — Registration District No. 5-31
(b) Township White — Primary Registration District No. 5-709 — Registered No.
(c) City ~~Ethel~~ Mo — (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 240 Edith Etta Biswell
(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: 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: Noah Biswell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 30 1897
7. AGE: YEARS 41 — MONTHS 5 — DAYS 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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): Missouri 0

FATHER
13. NAME: Jess Kenedy 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo 0

MOTHER
15. MAIDEN NAME: Mary Wright
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Elsa Biswell, Callao Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Hoopl — DATE: Mar 20 1939
19. FUNERAL DIRECTOR (ADDRESS): Henry C. Young, Ethel L. Missouri
20. FILED: Mar 20 1939 — J. G. Shocklett, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1939, to March 18, 1939
I last saw her alive on March 18, 1939. Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	3/18/39
Chronic Cholecystitis	—
Chronic Cholelithiasis	—

Other contributory causes of importance: 126

Name of operation ..... 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) A. L. Durden, M.D.
(Address) Callao, Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

I X12004

RECEIVED
District Health Officer No. 10
District File Number 10-39-1143
Date Filed JUN 16 1959

STATEMENT BY LICENSED EMBALMER

I, Henry C. Young, Licensed Embalmer No. 3902

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 Henry C. Young

Licensed Embalmer No. 3902

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.)