WHITE 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.

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JUL 11 1939

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

21626
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan 1 Registration District No. 85
(b) Township 1 Primary Registration District No. 1001 Registered No. 663
(c) City St. Joseph, (d) Street No. St. Joseph's Hospital 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 41 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 363 Emma Morton Edwards,
(a) Residence, No. 2010 Clay, 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): Widowed,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: James H. Edwards,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 11th. 1855
7. AGE: YEARS 83 MONTHS 7 DAYS 18 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: At Home,
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): Taylor County, Kentucky, 1

FATHER
13. NAME: David Morton, 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russellville, Kentucky, 1

MOTHER
15. MAIDEN NAME: Hannah Bottomley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ellicotts City, Maryland,

17. INFORMANT (ADDRESS): Marmaduke B. Morton 2010 Clay Street,
18. BURIAL, CREMATION, OR REMOVAL
PLACE Elkston, Ky. DATE July 2nd. 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Heaton: B. & Gale Bowman 319 So. 10th. Street. Funeral Home
20. FILED July 1, 1939 H. J. Mattebush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 29, 1939
22. I HEREBY CERTIFY, That I attended deceased from Sept-27, 1938, to June-29, 1939
I last saw her alive on June-29, 1939. Death is said to have occurred on the date stated above, at 1:55 p.m.
The principal cause of death and related causes of importance were as follows:

Coronary Occlusion

Date of onset

Other contributory causes of importance:
Arteriosclerosis General

Name of operation: None 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. no
Manner of injury none
Nature of injury —
24. Was disease or injury in any way related to occupation of deceased no
If so, specify —
(Signed) T. L. Howden M.D. , M. D.
(Address) 620 Tsanus St. St. Joseph, Mo

(Licensed Embalmer's Statement on Reverse Side)

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, June 29

..... or by ✓

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

Signed W. E. Summerfield

Licensed Embalmer No. 3907

P. O. Address 319 So 10th St Joseph

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.