

Dec 11 1939

Dr. Mulliniks

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

22182
Do not use this space.

450

1. PLACE OF DEATH
 (a) County GREENE Registration District No. 316
 (b) Township N. Campbell Primary Registration District No. 5439
 (c) City SPRINGFIELD (d) Street No. Greene County T. B. Hosp. St.
 (If death occurred in Hospital of 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. da.

2. PRINT FULL NAME Omer C. Edison
 (a) Residence, No. 446 1/2 South Ave. 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 27 1893

7. AGE YEARS 45 MONTHS 8 DAYS 4 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stationary

9. Industry or business in which work was done, as saw mill, bank, etc. Engineer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Beardstown (STATE OR COUNTRY) Ill.

13. NAME James Edison

14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

15. MAIDEN NAME Jessie Bowle

16. BIRTHPLACE (CITY OR TOWN) Ill. (STATE OR COUNTRY)

17. INFORMANT Mrs. Jessie Edison (ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE June 3 1939

19. FUNERAL DIRECTOR (NAME) H.H. Lohmeyer (ADDRESS) Springfield, Mo.

20. FILED 6-3- 1939 Chas & George M O Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 27 1939 to June 1 1939
 I last saw him alive on May 27 1939. Death is said to have occurred on the date stated above, at 8 p. m.
 The principal cause of death and related causes of importance were as follows:
Advanced Pul Tuberculosis
Malnutrition

Date of onset 1938

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? Sputum Was there an autopsy? _____

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) E. C. Mulliniks M. D.
Springfield, Mo. (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.

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed

M. J. Canaday

Licensed Embalmer No.

3434

P. O. Address

Springfield, 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.

X