

REC'D AUG 7 1939

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

24714  
Do not use this space.

1. PLACE OF DEATH

(a) County JACKSON Registration District No. 399  
 (b) Township KAW Primary Registration District No. 1002 Registered No. 2927  
 (c) City KANSAS CITY (d) Street No. RESEARCH 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 1 yrs. 1 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

MR. SAMUEL EDWARDS  
 (a) Residence, No. 1400 COLLEGE AVENUE 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 MALE 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 MRS. MAYME EDWARDS  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DECEMBER 10-1873  
 7. AGE YEARS 65 MONTHS 7 DAYS 8 If LESS than 1 day, hrs. or min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. PASSENGER CONDUCTOR  
 9. Industry or business in which work was done, as saw mill, bank, etc. WESTERN PACIFIC R.R.  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 34

12. BIRTHPLACE (CITY OR TOWN) DOVER (STATE OR COUNTRY) MISSOURI

FATHER 13. NAME EDWARD EDWARDS  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ENGLAND

MOTHER 15. MAIDEN NAME MARGARET JONES  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WALES

17. INFORMANT (ADDRESS) MISS SALLIE EDWARDS  
1400 COLLEGE AVENUE

18. BURIAL, CREMATION, OR REMOVAL PLACE CREMATION DATE JULY 20 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) D.W. NEWCOMER'S SONS  
1401 BRUSH CREEK BLVD

20. FILED July 19 1939 M.M. Brown  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 18 1939  
 22. I HEREBY CERTIFY, That I attended deceased from 6/27, 1939, to 7/18, 1939  
 I last saw him alive on 7/18, 1939. Death is said to have occurred on the date stated above, at 9:00 A.M.  
 The principal cause of death and related causes of importance were as follows:

Coronary artery  
cardiac end atherosclerosis  
with mitralis to heart, Hb  
Stomach ulcers.  
 Date of onset 140 days?  
 Other contributory causes of importance:  
Pulmonary edema 2 days  
Cardiac decompensation

Name of operation Gastrostomy Date of May 1939  
 What test confirmed diagnosis? operation 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.M. Brown, M. D.  
 (Address) 1210 East 13th St. Kansas City, Mo.

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.

*M. Carl B. Schmitz*

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**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 .....

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

Signed..... *A. C. Newcomer Jr.*

Licensed Embalmer No. *4043*

P. O. Address *A. C. 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.**