

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.

Registration District No. 193

Primary Registration District No. 4474

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: Saline  
 (a) County Saline  
 (b) City or town Blackburn  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community 3 life  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Saline  
 (c) City or town Blackburn  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME CATHARINE EDWARDS  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month aug day 15  
 year 1939 hour 8:00 minute 8 A.M.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife John Edwards  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased May 27 1849  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 5-39  
 \_\_\_\_\_, 19\_\_\_\_, to Aug 14, 1939;  
 that I last saw her alive on Aug 14, 1939,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 12 hrs

8. AGE: Years 90 Months 2 Days 18  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Senility  
 Due to 87 yrs

9. Birthplace Lafayette Missouri  
 (City, town, or county) (State or foreign country)

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings:  
 Of operations \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
 12. Name John Edwards  
 13. Birthplace Penn. T  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Elizabeth Edwards  
 15. Birthplace England  
 (City, town, or county) (State or foreign country)

Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically

16. (a) Informant's own signature J. Edwards  
 (b) Address Blackburn Missouri  
 17. (a) Blackburn (b) Date thereof 8-17-1939  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Blackburn

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

18. (a) Signature of funeral director Clay Shelton  
 (b) Address Marshall Mo  
 19. (a) Aug-17-39 (b) Memphis  
 (Date received by registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature Paul Powell (M. D. or other) \_\_\_\_\_  
 Address Blackburn Mo Date signed Aug 17 39

RECEIVED  
District Health Officer, No. 8,  
District File Number  
Date Filed 9/15/39

**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 William C. Shelton, Registered Apprentice No. \_\_\_\_\_ working under my personal supervision.

Signed William C. Shelton

Licensed Embalmer No. 3929

P. O. Address Marshall

**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.**