DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43655

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

1. PLACE OF DEATH:

(a) County: Jasper

(b) City or town: Joplin (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Freeman Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 Day (Specify whether years, months or days) In this community: 20nYears

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper

(c) City or town: Joplin (If outside city or town limits, write "RURAL")

(d) Street No.: 7 th & Jefferson (If rural, give location)

(e) If foreign born, how long in U. S. A.? ---------- years.

8. (a) PRINT FULL NAME: Frank R. Edmondson 355

3. (b) If veteran, name war: World War

3. (c) Social Security No.: --------

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Divorced

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: Sept. 6, 1893 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
46	3	24	hr. min.

9. Birthplace: Valhermoso (City, town, or county) Alabama (State or foreign country)

10. Usual occupation: Plumbing Contractor

11. Industry or business: ----------

FATHER

12. Name: Hamilton R. Edmondson

13. Birthplace: Blounesville (City, town, or county) Alabama (State or foreign country)

MOTHER

14. Maiden name: Eddie Rolte

15. Birthplace: Val Hermoso Spgs. (City, town, or county) Alabama (State or foreign country)

16. (a) Informant's own signature: Cliff Edmondson

(b) Address: 416 Byers, Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-4-40 (Month) (Day) (Year)

(c) Place: burial or cremation: Ozark Memorial Cem.

18. (a) Signature of funeral director: Hurlbut Und. Co.

(b) Address: 212 Joplin St., Joplin, Mo.

19. (a) 1-4-40 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec day: 30 year: 1939 hour: 6 minute: 15 P.M.

21. I hereby certify that I attended the deceased from Dec 30, 1939, to Dec 30, 1939 that I last saw him alive on Dec. 30, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	11 Hrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: None

Of autopsy: None done

PHYSICIAN — Underline the cause to which death should be charged statistically

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: [illegible] (M. D. or other)

Address: Joplin - Mo. Date signed: 1-3-40

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 6,
District File Number 140-113
Date Filed JAN 9 1940

NOV 5 1949

NOV 1 1949

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 .....

Licensed Embalmer No. 95-9

P. O. Address .....

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.