

Registration District No. 266

Primary Registration District No. 537R

Registrar's No. 9

1. PLACE OF DEATH:
(a) County DeWitt
(b) City or town Watkins, Rural
(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 60 years, months or days

3. (a) PRINT FULL NAME James Newton Edger
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Miriam L. Edger 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased 3 9 1879
(Month) (Day) (Year)

8. AGE: Years 60 Months 10 Days 19 If less than one day hr. min.

9. Birthplace DeWitt Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name John F. Edger
13. Birthplace DeWitt Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Ellen Saljan
15. Birthplace DeWitt
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Miriam Edger
(b) Address Salem, Missouri - RD # 5

17. (a) Burial (b) Date thereof 1-30-40
(Burial, cremation, or removal) (Monthly) (Day) (Year)
(c) Place: burial or cremation Edger, Embalmers

18. (a) Signature of funeral director Robert Franklin
(b) Address Salem, Mo.

19. (a) Jan 30 1940 (b) F. Shultz, Mo.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County DeWitt
(c) City or town Watkins, Rural
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: month Jan day 28
year 1940 hour 7 minute 30 a.m.
21. I hereby certify that I attended the deceased from 9-19-39 to Jan 22 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Gastric thrombosis
Due to Gastric ulcer

Due to Influenza
Other conditions (include pregnancy within 3 months of death) 2 wks.

Major findings: no operation
Of operations _____
Of autopsy none

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Flord H. Hunt, M.D. (M. D. or other)
Address Salem, Mo. Date signed 1/30/40

Duration 2 wks.
Physician _____
Underline the cause to which death should be charged statistically.

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.....

N. D. Johnson

....., Registered Apprentice No.....

working under my personal supervision.

RECEIVED

District Health Officer No. 5,

District File Number 240 174

Date Filed 2 7 40

Signed *N. D. Johnson*.....

Licensed Embalmer No. 928

P. O. Address Alton, Ill.

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.