

FILED FEB 3 1940

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

2383
Do not use this space

1. PLACE OF DEATH
 (a) County GREENE Registration District No. 378
 (b) Township SPRINGFIELD Primary Registration District No. 2001 Registered No. 46
 (c) City SPRINGFIELD (d) Street No. St. Johns Hosp. 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Loren Edwards
 (a) Residence, No. Thayer, Missouri 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
63 9 25

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Section Foreman
 9. Industry or business in which work was done, as saw mill, bank, etc. Prisco R.R.
 10. Date deceased last worked at this occupation (month and year)
 II. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry County Iowa

FATHER
 13. NAME B.F. Edwards
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

MOTHER
 15. MAIDEN NAME Rachell Hollingsworth
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT Mrs. Lida Edwards
 (ADDRESS) Thayer, Missouri

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Thayer, Mo. DATE Jan. 16 40

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

20. FILED 1/16 1940 Geo. A. George M.D.
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 16 19 40

22. I HEREBY CERTIFY, That I attended deceased from January 10, 1940, to January 16, 1940
 I last saw him alive on January 15, 1940. Death is said to have occurred on the date stated above, at 2:20 a.m.
 The principal cause of death and related causes of importance were as follows:
Tuber Pneumonia Date of onset 1-10-40
Septic Endocarditis ?
 Other contributory causes of importance:
Metastatic Infection of Salivary Glands 1-10-40
Metastatic Abscess of Right Bone ?
Metastatic Infection of Spinal Vert. Disk.

Name of operation..... Date of.....
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) Kenneth Coffey M. D.
518 Second Bldg. 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.

X