

STANDARD CERTIFICATE OF DEATH

State File No. 4180

Registration District No. 907

Primary Registration District No. 6220

Registrar's No. 1

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County WRIGHT  
(b) City or town PLEASANT VALLEY TWP  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Rural Pleasant Valley  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 50 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County WRIGHT  
(c) City or town MANFIELD - ROYAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4 Miles Southeast  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 14  
year 1940 hour 10 PM minute 40 M.

21. I hereby certify that I attended the deceased from Jan 1 1940 to Jan 14 1940  
that I last saw her alive on Jan 12 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Senility  
Duration 105 yrs

Due to age  
Due to 162

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

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

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_

23. Signature J. A. Fuson (M. D. or other) \_\_\_\_\_  
Address Manfield Date signed Jan 12-40

8. (a) PRINT FULL NAME Mickey Ann Edwards

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife WAKEN EDWARDS 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased MAY 14 1951  
(Month) (Day) (Year)

8. AGE: Years 88 Months 10 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace NORTH CAROLINA (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business \_\_\_\_\_

12. Name HAWKS

18. Birthplace NOT KNOWN (City, town, or county) (State or foreign country)

14. Maiden name NOT KNOWN

15. Birthplace NOT KNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Ester Krider

(b) Address Manfield Mo

17. (a) Frank Hollow Cem (Burial, cremation, or removal) (b) Date thereof JAN 16 1940 (Month) (Day) (Year)

(c) Place: burial or cremation FRANK HOLLOW CEM

18. (a) Signature of funeral director F. A. Stiles

(b) Address Manfield Mo

19. (a) Jan 2 1940 (Date received local registrar) (b) J. M. D. Short (Registrar's signature)

RECEIVED

District Health Officer No. 6,

District File Number 240-334

Date Filed FEB 6 1940

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 F.A. Steffe

Licensed Embalmer No. 3221

P. O. Address Manfield Ma

**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.**