

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

10691  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Carter Registration District No. 204  
 (b) Township Coal Primary Registration District No. 3013  
 (c) City Cameron (d) Street No. \_\_\_\_\_ Registered No. 10  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. ds.  
 308 Sarah E. Edwards  
 2. PRINT FULL NAME  
 (a) Residence, No. West Prairie 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lorenzo Edwards Dec  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 22 1863  
 7. AGE YEARS 76 MONTHS 3 DAYS 9 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. at home  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calayco Ill.  
 FATHER 13. NAME John Carter  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England  
 MOTHER 15. MAIDEN NAME Sarah Blunt  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky  
 17. INFORMANT Mrs Mary Park  
 (ADDRESS) Cameron Mo  
 18. BURIAL, CREMATION, OR REMOVAL McDonnell Cem  
 PLACE Cameron Mo DATE March 4 1940  
 19. FUNERAL DIRECTOR W. Moore  
 (ADDRESS) Cameron Mo  
 20. FILED 3/4 19 40 D. B. Hill  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAR 1 - 1940 1940  
 22. I HEREBY CERTIFY, That I attended/deceased from Age 1 1839 to March 1 1940  
 I last saw her alive on Feb 25 1940. Death is said to have occurred on the date stated above, at 11:15 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Arteriosclerosis Date of onset \_\_\_\_\_  
 Other contributory causes of importance: 97  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no 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) M. D. Hill M. D.  
 (Address) Cameron Mo  
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WHITE PLAINCY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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. 11,  
District File Number 440-526  
Date Filed APR 12 1948

STATEMENT BY LICENSED EMBALMER

I, W Moore, Licensed Embalmer No. 1180

hereby certify that the body recorded on the reverse side of this certificate was embalmed by W Moore

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed W Moore  
Licensed Embalmer No. 1180

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.)