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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 9 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14676

Registration District No. 213 Primary Registration District No. 3014 Registrar's No. ~~109~~ 110

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One day (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Jefferson City
(If outside city or town limits write "RURAL")

(d) Street No. 105 Madison
(If rural, give location)

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

3. (a) PRINT FULL NAME Joseph Harry Edwards 363

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary Carter Edwards

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

7. Birth date of deceased Feb. (Month) 12 (Day) 1862 (Year)

8. AGE: Years	Months	Days	If less than one day
78	2	2	hr. min.

9. Birthplace St. Charles County (City, town, or county) (State or foreign country)

10. Usual occupation News Reporter

11. Industry or business St. Louis Globe Demecrat

FATHER
12. Name Joseph Edwards
13. Birthplace Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Johnson
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Emmett Edwards
(b) Address Jefferson City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-16-40 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director John F. Heinrichs
(b) Address Jefferson City, Mo.

19. (a) 4-29-40 (Date received local registrar) (b) A. V. Bedford M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14th year 1940 hour 11 P.M. minute 40 P. M.

21. I hereby certify that I attended the deceased from Many years, 19 to 4/14, 1940 that I last saw him alive on 4/14, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage — Duration 5 hrs

Due to High Blood Pressure &

Due to Arteriosclerosis

Other conditions Old age
(Include pregnancy within 3 months of death)

Major findings:
Of operations Not Op

Of autopsy Not Made

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 J. S. Summers (M. D. or other)
Address 234 Madison St Date signed 4/24/40

(Licensed Embalmer's Statement on Reverse Side)

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 John F. Heinrich

Licensed Embalmer No. 3655

P. O. Address Jefferson City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.