No. 2
1-10-39
1-17-39
X21112

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15197

FILED MAY 13 1940

Registration District No. 411

Primary Registration District No. 5569

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jasper

(b) ~~City or town~~ Rural-3: Galena Twsp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether 2)

In this community 3½ Years
years, months or days) 365

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Rural R. 3
(If outside city or town limits, write "RURAL")

(d) Street No. 4½ Miles NW of Joplin
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME Rachel Alice Edwards

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife D. W. Edwards

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased February (Month) 4 (Day) 1862 (Year)

8. AGE: Years 78 | Months 2 | Days 18 | If less than one day ___ hr. ___ min.

9. Birthplace ___ (City, town, or county) Ilinois (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Stepps Wise
13. Birthplace ___ (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Murphy
15. Birthplace ___ (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Charley Warner

(b) Address COFFEVILLE, KANSAS

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-24-40 (Month) (Day) (Year)

(c) Place: burial or cremation CARL JUNCTION CEM.

18. (a) Signature of funeral director Perry K. Hurlbut

(b) Address 212 Joplin St. Joplin, Mo.

19. (a) 4-23-40 (Date received local registrar) (b) Ed D Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 year 1940 hour 5 minute 25 P.M.

21. I hereby certify that I attended the deceased from Apr 12, 1940, to Apr 22, 1940, that I last saw her alive on Apr 21, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Convulsions and Uremic Coma	10 days
Due to Chr Interstitial Nephritis with hypertension	unknown
Due to	
Other conditions none (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

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) no

(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? 372 (Specify type of place)

While at work? ___ (e) Means of injury ___

23. Signature Herman A La Force (M. D. or other) MD

Address 607 Main, Joplin Mo Date signed 4-23-40

(Licensed Embalmer's Statement on Reverse Side)

40-5-81

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 Sam E. Senseney Jr

Licensed Embalmer No. 4099

P. O. Address Joplin Mo

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.