S. No. 2
-11-10-39
5-17-39
I X21492

5

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18330

State File No.

Registration District No. 287 Primary Registration District No. 5405 Registrar's No. 14

1. PLACE OF DEATH:

(a) County Dunklin Cl[illegible]

(b) City or town Rives

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days) 326

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

(c) City or town Rives

(If outside city or town limits write "RURAL")

(d) Street No.

(If rural, give location)

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

3. (a) PRINT FULL NAME Louis A. Edgerton

3. (b) If veteran, name war nc

3. (c) Social Security No. x

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Minnie Edgerton

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Feb. (Month) 2 (Day) 1872 (Year)

8. AGE: Years 68 Months 3 Days 5 If less than one day hr. min.

9. Birthplace Rawlins (City, town, or county) Wyo. (State or foreign country)

10. Usual occupation Merchant

11. Industry or business

FATHER
12. Name Alonzon Edgerton
13. Birthplace Rome (City, town, or county) N. Y. (State or foreign country)

MOTHER
14. Maiden name Gertrude Waters
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Lila Edgerton

(b) Address Hornersville, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8 (Month) 6 (Day) 40 (Year)

(c) Place: burial or cremation Oak Lawn Park

18. (a) Signature of funeral director Emerson, Burns

(b) Address Hornersville, Mo

19. (a) 5/8/40 (Date received local registrar) (b) E. L. Cape (Registrar's signature) 260

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7 year 1940 hour 7 minute 15 a. M.

21. I hereby certify that I attended the deceased from Nov 15, 1939, to May 7, 1940, that I last saw him alive on May 6, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to

Due to

Other conditions Tuberculosis of hip joint

(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration ?

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 Van H Bond (M. D. or other)

Address Hornersville Mo Date signed 5-8-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2,
District File Number 640 - 1078
Date Filed 6/3/40

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 wit the above constitutes grounds for revocation of license.)

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