

**JUL 12 1940**  
Registration District No. \_\_\_\_\_

248

Primary Registration District No. 5-345

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.

1. PLACE OF DEATH:

(a) County Daviess  
(b) City or town "Rural" Sheridan Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
7 Miles South Gallatin, Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life years, months or days

3. (a) PRINT FULL NAME Gertrude A. Edwards 363.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Walter Edwards 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased February 10 1887  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
52 9 20 hr. min.

9. Birthplace Daviess County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

MOTHER FATHER  
12. Name James F. Leabo  
13. Birthplace Ray County Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Frances Ann Kelso  
15. Birthplace Daviess County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Walter Edwards  
(b) Address Hamilton, Missouri

17. (a) Burial (Burial, cremation, or remove) (b) Date thereof 12-2-39  
(Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director 995  
(b) Address Gallatin, Mo. 225

19. (a) 2-23 (Date received local registrar) (b) Miss F. Hecker (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess  
(c) City or town "Rural" Sheridan Township  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7 Miles South Gallatin, MO.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30  
year 1939 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 4, 1936, to Nov 30, 1939,  
that I last saw her alive on Nov 18, 1939,  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decomposition Duration 3 years

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Blind since 1930, Probable tumor of brain, abdominal aortic

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) (e) Means of injury \_\_\_\_\_

23. Signature Fred W. Wilson (M. D. \_\_\_\_\_)  
Address Waverly, Mo Date signed Dec-2-39

RECEIVED  
District Health Office No. 11;  
District File Number 740-1121  
Date Filed JUL 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 *L. O. Richesson*  
Licensed Embalmer No. *3302*  
P. O. Address *Gallatin, 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.