

WED AUG 23 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25336

Registration District No. 398 Primary Registration District No. 3019 State File No. _____ Registrar's No. 181

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
902 S. Delaware St. Independence Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether _____)
In this community 27 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Independence Mo
(If outside city or town limits write "RURAL")
(d) Street No. 902 S. Delaware
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME Emanuel C. Edwards 363
8. (b) If veteran, name war ----- 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Wht. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wife Dicy Edwards 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Dec. 27, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 6 14 hr. min.

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

10. Usual occupation Labor

11. Industry or business _____

MOTHER FATHER
12. Name Carneleous Edwards 9
13. Birthplace Unknown 1
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 0
(City, town, or county) (State or foreign country)

16. (a) Informant Dicy Edwards 902 S. Delaware
(b) Address Independence, Mo.

17. (a) Burial (b) Date thereof July 13, 40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mound Grove Cem.

18. (a) Signature of funeral director Cato & Speaks
(b) Address Independence, Mo.

19. (a) July 13, '40 (b) F. R. Cook
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 11
year 1940 hour 3:35 minute 2 M.

21. I hereby certify that I attended the deceased from March 1
1940, to July 11, 1940
that I last saw him alive on July 10, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Ch Myocarditis
Duration 13.1.39

Due to _____
Due to 92

Other conditions (Include pregnancy within 3 months of death) _____

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? _____

360 While at work? 0 (Specify type of place)
(e) Manner of injury _____

23. Signature George M. Cook (M. D. or other) 1
Address 11037 Whinnery Rd Date signed 7.13.40

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

18
5
4

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed

Roland Perkins

Licensed Embalmer No. 3604

P. O. Address Independence 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.