

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

1 X 251

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
N. E.—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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26473

State File No. _____

Registrar's No. 30

Registration District No. 836

Primary Registration District No. 6100

1. PLACE OF DEATH:

(a) County Stoddard, Mo

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stoddard

(c) City or town Parma Rural
(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 Hazel Louise Edwards

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced 3

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Nov 24 1940
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13 year 1940 hour 2 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from June 9 1940 to June 12 1940, that I last saw her alive on June 12 1940 and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months 6 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation at

11. Industry or business _____

MOTHER FATHER

12. Name Lee Edwards

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name Dorsey

15. Birthplace Mo
(City, town, or county) (State or foreign country)

Immediate cause of death Cardiac decompensation

Due to Bronchitis following whooping cough

Due to malnutrition

Other conditions (Include pregnancy within 3 months of death) 9

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Lee Edwards

(b) Address Parma, Mo

17. (a) Burial (b) Date thereof 6-14-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parma Cem

18. (a) Signature of funeral director James

(b) Address Parma, Hopkins

19. (a) 7-16-40 (b) H. C. ...
(Date received local registrar) (Registrar's signature)

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? 693
(Specify type of place) (e) Means of injury _____

23. Signature Lee W. Rusten (M. D. or other) MD

Address Parma Date signed 6/13/40

RECEIVED

District Health Officer No. _____

District File Number 840-13

Date Filed 8/9/40

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 with the above constitutes grounds for revocation of license.)

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