

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28329
Do not use this space.

1. PLACE OF DEATH
(a) County Cole Registration District No. 213
(b) Township _____ Primary Registration District No. 3014 Registered No. 233
(c) City Jefferson City, Mo. (d) Street No. 522 E. High St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JOHN FRANKLIN EDMONDS
(a) Residence, No. 522 A East High St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Myrtle E Edmonds

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31, 1876

7. AGE YEARS 70 6/4 MONTHS 1 DAYS 0 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Real Estate
9. Industry or business in which work was done, as saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Origan, Mo.

FATHER 13. NAME William Edmonds
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ballville, Canada

MOTHER 15. MAIDEN NAME Ann Willis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT Mrs. Myrtle Edmonds
(ADDRESS) Jefferson City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Riverview

19. FUNERAL DIRECTOR (NAME) John J. [unclear]
(ADDRESS) Jefferson City, Mo.

20. FILED 9/6/1940 [unclear]
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/31/40, 1940

22. I HEREBY CERTIFY, That I attended deceased from 6:30 AM 8/31, 1940 to 10:30 PM 8/31, 1940
I last saw him alive on 8/31, 1940 Death is said to have occurred on the date stated above, at 10:30 P.M.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset _____

Other contributory causes of importance:
(1) My hypertension (2) Chr. sclerotic myocarditis

Name of operation None Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? NO Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) [unclear] M. D.
(Address) Jefferson City, Mo.

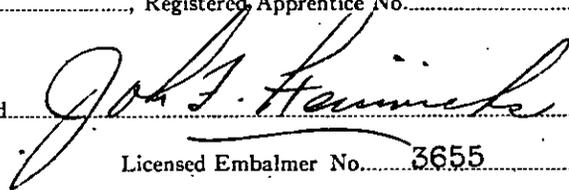
Official on opposite side
(Licensed Embalmer's Statement on Reverse Side)

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. 3655.....

P. O. Address..... Jefferson City, 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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Mo }
County of Cole } ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 9 day of Sept, 1940, before me appears

Sylvester Dulle, who, upon his oath, states that the original record of ^{birth} death for FRANK John Edmonds ^{died} born 8-31-40, 19 , in the State of Missouri, and which was filed at Jefferson City on 9-6, 1940, should be corrected as follows:

Item No. 2 should read FRANK John Edmonds

Instead of John FRANKlin Edmonds

Item No. 7 should read 64-1-0 yrs.

Instead of 70-1-0 yrs.

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Sylvester Dulle Relationship. 1419 W. Main Street

Present Address.

Subscribed and sworn to before me this 9th day of September, 1940.

My Commission expires Dec 29, 1942 Dama Casado Notary Public

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28359

FILED AUG 16 1940

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH: **SEP 10 1940**
 (a) County Cole
 (b) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 522 A East High Street
(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

3. (a) PRINT FULL NAME FRANK JOHN EDMONDS
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mrs. Myrtle Edmonds
 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased July 31, 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 1 0 1 hr. 1 min.

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

10. Usual occupation Real Estate Dealer

11. Industry or business _____

MOTHER FATHER
 12. Name William Edmonds
 13. Birthplace Bellville, Canada
(City, town, or county) (State or foreign country)
 14. Maiden name Ann Willis
 15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Myrtle Edmonds

(b) Address Jefferson City, Mo.

17. (a) REBURIAL new (b) Date thereof 9/2/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director John F. Heinrich

(b) Address Jefferson City, Mo.

19. 9/2/40 (b) S.W. Bedford
(Date of entry by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Cole
 (c) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. 522 A E High
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31st
 year 1940 hour 10:30 minute P.M. M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____
 that I last saw h. _____ alive on _____, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to hypertension
rich sclerotic myocarditis
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

Major findings: no operation
 Of operations _____
 Of autopsy no autopsy

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 W.H. Rambo (M. D. or other) _____
 Address _____ Date signed _____

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

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.....

John F. Heinrich

.....
Licensed Embalmer No. 3655

P. O. Address..... Jefferson City, 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, fact should be so stated above.