

NOV 17 1940
Registration District No. **14**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Genl Hosp. No. 2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 hrs. 57 min.**
(Specify whether
In this community **7 yrs.**
years, months or days)

8. (a) PRINT FULL NAME **Carrie Edmonson**

8. (b) If veteran, name war **No** 8. (c) Social Security No. **No**

4. Sex **Fe** 5. Color or race **Col** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife 6. (c) Age of husband or wife if

7. Birth date of deceased **May 28 1933**
(Month) (Day) (Year)

8. AGE: Years **7** Months **4** Days **11** If less than one day hr. min.

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

10. Usual occupation **Infant**

11. Industry or business

12. Name **Richard Edmonson**

13. Birthplace **Crittenden Co. Ark.**
(City, town, or county) (State or foreign country)

14. Maiden name **Marie Knox**

15. Birthplace **Ardmore Okla.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Richard Edmonson**

(b) Address **1411 E. 2nd St.**

17. (a) **Burial** (b) Date thereof **Oct. 12, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lincoln K.C. Mo.**

18. (a) Signature of funeral director **Adkins Bros.**

(b) Address **2000 E. 12th K.C. Mo.**

19. (a) **10-11-40** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **1411 E. 2nd St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **9** year **1940**
hour _____ minutes **55** P. M.

21. I hereby certify that I attended the deceased from _____ 19____; to _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Pulmonary Edema - Acute Cerebral Edema**
Due to **Acute Cerebral Edema**
Due to **III B**
Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Of operations _____
Of autopsy _____
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 **Dr. J. W. Brown** (M. D. or other) _____
Address _____ Date signed _____

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

Edw J Evans

Licensed Embalmer No.

3876

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.