

Registration District No. **279**

Primary Registration District No. **5812**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Newton**  
(b) City or town **Seneca Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **R.F.D. #1.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **20**  
(Specify whether)  
In this community **35 years**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Newton**  
(c) City or town **Seneca Mo.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **R.F.D. #1.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **CHARLEY S. EDWARDS**

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

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Ella M. Edwards** 6. (c) Age of husband or wife if alive **58** years

7. Birth date of deceased **Aug. 16 - 1867**  
(Month) (Day) (Year)

8. AGE: Years **73** Months **2** Days **9** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Farmer** **9**

11. Industry or business **9**

12. Name **Andrew** **9**

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

14. Maiden name **Hallcomb**

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

16. (a) Informant **Mrs Ella M. Edwards**

(b) Address **Seneca Mo. R. 1.**

17. (a) **Burial** (b) Date thereof **10-26-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Seneca Mo.**

18. (a) Signature of funeral director **W.C. Bernard**

(b) Address **Seneca Mo.**

19. (a) **Oct 30** (b) **Mable Spaulin**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **26**  
year **1940** hour **4** minute **30** **h.m.**

21. I hereby certify that I attended the deceased from **7-1**  
\_\_\_\_\_, 1940 to **10-25**, 1940;  
that I last saw him alive on **10-25**, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of Stomach**

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

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

Other conditions **H/b**  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **NO**

(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? **545**  
(Specify type of place) (e) Means of injury \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **W.C. Bernard** (M. D. or other) \_\_\_\_\_

Address **Seneca Mo.** Date signed **10-26-40**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 1140-2807

Date Filed NOV 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

James Weldon Buzzard, Registered Apprentice No. 239  
working under my personal supervision.

Signed

B. W. Buzzard

Licensed Embalmer No.

2334

P. O. Address

Seneca 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.