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-4-13-40
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3023

Registration District No. 472 Primary Registration District No. 5570 Registrar's No. 1

1. PLACE OF DEATH:
(a) County Jasper
(b) ~~City or town~~ Duval Tp (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
In this community (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Jasper Rural Duval (If outside city or town limits, write "RURAL")
(d) Street No. R # 2 (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

49
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0
0

3. (a) PRINT FULL NAME Andrew Jackson Edwards
3. (b) If veteran, name war —
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jane Edwards
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Sept 15 1871 (Month) (Day) (Year)

8. AGE: Years 69 Months 3 Days 26 If less than one day hr. min.

9. Birthplace Perry County Tenn (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name John T. Edwards
13. Birthplace Tenn (City, town, or county) (State or foreign country)
14. Maiden name Rachel Cathcart
15. Birthplace Tenn (City, town, or county) (State or foreign country)
16. (a) Informant Jane Edwards
(b) Address R # 2 Jasper
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 14 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Purcell Cem
18. (a) Signature of funeral director Neff City Und Co
(b) Address Neff City Mo
19. (a) 1/15-1941 (Date received local registrar) (b) Walter E Scafe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11 year 1941 hour 8 45 minute P M.
21. I hereby certify that I attended the deceased from Dec 8th 1940 to Jan 11 1941 that I last saw him alive on Jan 11 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Prostate — Duration
Due to
Due to 5 yr
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? (Specify type of place)
While at work? Means of injury

373

23. Signature T. B. Thomson (M. D. or other) DO
Address Asbury, Mo Date signed 1-14-41

(Licensed Embalmer's Statement on Reverse Side)

41-2-194

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.....

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town.....
(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)
In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....

(c) City or town.....
(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) FULL NAME: PRINT

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex.....

5. Color or race.....

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

6. (b) Name of husband or wife.....

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

7. Birth date of deceased..... (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day ..... hr. ..... min.

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

10. Usual occupation.....

11. Industry or business.....

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

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

14. (a) Informant.....

14. (b) Address.....

15. Burial, cremation, or removal..... (Month) (Day) (Year)

16. (a) Name of funeral director.....

16. (b) Address.....

17. (a) Signature of funeral director..... (Registrar's signature)

17. (b) Date received local registrar..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... day..... year..... hour..... minute..... M.

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

Immediate cause of death..... Duration

Due to.....

Due to.....

Other conditions.....
(Operations, injuries, 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? (Specify type of place)

(e) How did injury occur? (Specify nature of injury)

(Signature of physician) (Date signed) (Address)

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 myself

Working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 3922

P. O. Address Webb 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 stated above.

(Licensed Embalmer's Statement on Reverse Side)

FILLER PAVING—USE DAVIDING BLACK INK—MAKE A PERMANENT RECORD

No. 7
4-13-40
5-17-39
61 X2155