

FEB 18 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4577

State File No. _____

Registration District No. 837

Primary Registration District No. 6099

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Bloomfield, Mo. Route
Castles

(c) Name of hospital or institution: None
(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 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

(c) City or town Bloomfield, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. Rural
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME MARGARET JANE EDWARDS

3. (b) If veteran, name war ** 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife John Edwards (Deceased) 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Mar. 30, 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>9</u>	<u>16</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Simpson

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

14. Maiden name Julia Phillips

15. Birthplace not known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Everette Edwards

(b) Address Bloomfield, Mo. Route

17. (a) Burial (b) Date thereof 1-17-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harper cemetery

18. (a) Signature of funeral director Chiles Und. Co.

(b) Address Bloomfield Mo.

19. (a) Jan. 18, 41 (b) Loonie Lurch
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16th
year 1941 hour 1:30 minute A. M.

21. I hereby certify that I attended the deceased from Jan 13
1941 to Jan 16 1941
that I last saw h as alive on Jan 16 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
Duration 4 days

Due to _____

Due to _____

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

Major findings: None

Of operations _____

Of autopsy None

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? _____

895
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J. A. Davis (M. D. or other) MD

Address Bloomfield Mo. Date signed 1-18-41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 2

District File Number 241-249

Date Filed 2/12/41

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..... ~~DECEASED WAS NOT EMBALMED~~.....

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, fact should be so stated above.