

FILED JUN 16 1941

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

18567  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Madison Registration District No. 625  
 (b) Township Patoka Mo Primary Registration District No. 3031 Registered No. 69  
 (c) City Marion Mo (d) Street No. W. M. Francis Loop 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 4 yrs. mos. ds. (If of foreign birth? yrs. mos. ds.)  
 2. PRINT FULL NAME Calvin Russell Edwards  
 (a) Residence, No. Burlington Jet Mo 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 M.O 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF   
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-15-1924  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 16 6 06  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labourer  
 9. Industry or business in which work was done, as saw mill, bank, etc. Labourer  
 10. Date deceased last worked at this occupation (month and year) May 18 1941 11. Total time (years) spent in this occupation 16  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hamburg Pa  
 FATHER 13. NAME Lucy B Edwards  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Mo  
 MOTHER 15. MAIDEN NAME Lula Ward  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Darnell Mo  
 17. INFORMANT (ADDRESS) Lucy B Edwards Burlington Jet Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Hamburg Pa DATE May 15 1941  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) M. S. Edwards Jackson, Mo  
 20. FILED May 15 1941 Mamie E Clark Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-15-41  
 22. I HEREBY CERTIFY, That I attended deceased from May 1, 1941, to May 15, 1941.  
 I last saw him alive on May 18, 1941. Death is said to have occurred on the date stated above, at 8:30 m.  
 The principal cause of death and related causes of importance were as follows:  
Brain Abscess Date of onset May 1  
Septicemia, acute Date of onset Apr 15  
 Other contributory causes of importance:  
None Name of operation None Date of None  
 What test confirmed diagnosis? Cultural Was there an autopsy? No  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ 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? No  
 If so, specify \_\_\_\_\_  
 (Signed) Conrad B. Lytle M. D.  
 (Address) Burlington, Mo.

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.

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**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.....

*M. A. Blumenthal*....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*M. A. Blumenthal*

Licensed Embalmer No.....

*3381*

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.**