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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 20 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18786

Registration District No. 734 Primary Registration District No. 4439 Registrar's No. 5

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Jacksonville (If outside city or town limits, write "RURAL" and name of township)

(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 None (Specify whether

In this community 80 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph 88

(c) City or town Jacksonville 0 (If outside city or town limits, write "RURAL")

(d) Street No. None 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Elcana Edwards

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Sarah Jane Edwards

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased May, 24, 1860 (Month) (Day) (Year)

8. AGE: Years 80 Months 11 Days 11 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Ezra Edwards
13. Birthplace unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Clarinda Skinner
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sarah Edwards

(b) Address Jacksonville Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May, 7, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Liberty cemetery

18. (a) Signature of funeral director Snow Funeral Home

(b) Address Moberly Missouri

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5th year 1941 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Mar 8, 1941, to May 5, 1941, that I last saw him alive on May 5, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Emphasemia

Due to Asthma & Chronic nephritis

Due to

Other conditions High blood pressure 3 years past (Include pregnancy within 3 months of death)

Major findings:
Of operations X
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

131 P

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

(a) Accident, suicide, or homicide (specify) X

(b) Date of occurrence X

(c) Where did injury occur? X (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? X (Specify type of place)

While at work? X (e) Means of injury X

23. Signature John P Allen (M. D. or other) 0

Address Cairo Date signed May 6

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-41-1151
Date Filed JUN 18 1941

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: R. M. Cater

Licensed Embalmer No. 4117

P. O. Address Moberly Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

2B
25-41
7852

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18786

Registration District No. 734 Primary Registration District No. 4439 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Jacksonville
(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) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Eleana Edwards

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

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 80 Months 11 Days 11 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Liberty Cemetery

18. (a) Signature of funeral director Snow Funeral Home
(b) Address Moberly Mo

19. (a) May 7-41 (Date received local registrar) (b) Walter F Baumann (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5 year 1941 hour minute M.

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

	Duration
Immediate cause of death	
Due to	
Due to	
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? (e) Means of injury

23. Signature John P Allen (M. D. or other)
Address Paris Mo Date signed