

No. 2
1-10-39
17-39
X211

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24410**

FILED **AUG 11 1941**

Registration District No. **29**

Primary Registration District No. **5048**

Registrar's No. **28**

1. PLACE OF DEATH:

(a) County **Barry**
(b) City or town **Jenkins (Rural) Jenkins Twp.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Sterling Edmond residence (Route 1, Jenkins)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community **61 years 1**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barry**
(c) City or town **Jenkins (Rural)**
(If outside city or town limits, write "RURAL")
(d) Street No. **Route 1**
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME **JAMES H. EDMOND**

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

4. Sex **Male** 0 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **September 1, 1879**
(Month) (Day) (Year)

8. AGE: Years **61** Months **1** Days **28**
If less than one day hr. _____ min. _____

9. Birthplace **Miller County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Sterling Edmond**
13. Birthplace **Unknown Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Matilda Fulkerston**
15. Birthplace **Miller County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **T. G. Edmond**
(b) Address **Jenkins, Mo.**

17. (a) **Burial** (b) Date thereof **10/30/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Cly Cemetery**

18. (a) Signature of funeral director **Neon Funeral Home**
(b) Address **Cassville, Mo.**

19. (a) **10-30-40** (b) **Geo. W. Thurman M.D.**
(Date received local registrar) (Registrar's signature) (City, town, or county)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **29th**
year **1940** hour **10** minute **30 P. M.**

21. I hereby certify that I attended the deceased from **May**, 19**39**, to **Aug.**, 19**40**
that I last saw him alive on **Aug.**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Tuberculosis**

Due to _____
Due to **12/18**
Other conditions (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) _____
(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 **G. W. Daley** (M. D. or other) **0**
Address **Cassville Mo.** Date signed **10/30/40**

005

11

0

years.

19**40**

19**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 841-1322

Date Filed AUG 7 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.....

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, above space should be left blank.