

3. No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **29246**
Registrar's No. **1059**

FILLED SEP 10 1941

Registration District No. **774**

Primary Registration District No. **601813**

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

1. PLACE OF DEATH: **St. Francois**
(a) County: **St. Francois**
(b) City or town: **Esther, Mo. Rural**
(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: **Life Time** (Specify whether years, months or days)

3. (a) PRINT FULLNAME: **John 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: **Lucenda Turley**
6. (c) Age of husband or wife if alive: **69** years
7. Birth date of deceased: **March 30 1867**
(Month) (Day) (Year)

8. AGE: Years **74** Months **5** Days **3** If less than one day _____ hr. _____ min.

9. Birthplace: **St. Francois Co. Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Farmer**

11. Industry or business: _____
12. Name: **James Edwards**
13. Birthplace: **Kentucky**
(City, town, or county) (State or foreign country)
14. Maiden name: **Lucenda Rickard**
15. Birthplace: **Virginia**
(City, town, or county) (State or foreign country)

16. (a) Informant: **James Edwards**
(b) Address: **Esther, Missouri**

17. (a) **Burial** (b) Date thereof: **9/5/41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: **Little Vine Cem.**

18. (a) Signature of funeral director: **Everett Sparks**
(b) Address: **Elvins, Missouri**

19. (a) **9/5/41** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **94**
(a) State: **Missouri** (b) County: **St. Francois**
(c) City or town: **Esther, Rural**
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **3**
year **1941** hour **1** minute **20 P.** M.
21. I hereby certify that I attended the deceased from **1938**
_____, 19____ to **Sept 3**, 19**41**.
that I last saw him alive on **Sept**, 19**41**
and that death occurred on the date and hour stated above.
Immediate cause of death: **apoplexy**

Due to: **Hypertension** **Yes**
Due to: _____
Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: _____

Duration **3 days**
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature: **[Signature]**
Address: **Flat River Mo** Date signed: **9/5/41**

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.....

Ernest Spark

Licensed Embalmer No. 2639.....

P. O. Address Elvins, Missouri

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.