

DEC 18 1941 55
Registration District No. _____

Primary Registration District No. 4155

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Daviess
(b) City or town Winston MO
(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 26 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Daviess
(c) City or town Winston,
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Burton Edwards
3. (b) If veteran name war _____ 3. (c) Social Security No. None
4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Hannie 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased 5-3-1864
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 23rd
year 1941 hour 9.45 am minute --- M.
21. I hereby certify that I attended the deceased from 1940
19____ to Nov 23th 1941 19____;
that I last saw him alive on Nov 23rd 1941 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
77 6 20 hr. _____ min.

Immediate cause of death Carcinoma transverse Colon Duration about 16 mo
Due to _____
Due to _____

9. Birthplace Peoria, Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Merchant

Other conditions Diabetes Mellitus.
(Include pregnancy within 3 months of death)

MOTHER FATHER
11. Industry or business _____
12. Name John Edwards
13. Birthplace New York (City, town, or county) (State or foreign country)
14. Maiden name Helen Shaw
15. Birthplace Illinois (City, town, or county) (State or foreign country)

Major findings: operation refused.
Of operations _____
Of autopsy _____

16. (a) Informant Paul Edwards son
(b) Address Winston Mo
17. (a) Winston (b) Date thereof 11-24-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Winston
18. (a) Signature of funeral director W. M. Moore
(b) Address Cameron Mo.
19. (a) 11/24/41 (b) F. R. Wilson
(Date received local registrar) (Registrar's signature)

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 0
23. Signature Fred R. Wilson (M. D. or other) MO
Address Winston Mo Date signed _____

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

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. 1~~

working under my personal supervision.

Signed _____

Licensed Embalmer No. 1180

P. O. Address Cameron, N.C.

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, fact should be so stated above.