

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

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

DEC 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Fitch 38290

State File No.

Registration District No. 318

Primary Registration District No. 5439

Registrar's No. 892

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield Rural - N. Campbell's
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route # 11
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 73 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 36
(c) City or town Rural - N. Campbell's
(If outside city or town limits, write "RURAL")
(d) Street No. Route # 11
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 10 a.
year 1941 hour 9 minute 20 M.

21. I hereby certify that I attended the deceased from
1936 to 11/10 1941
that I last saw him alive on 11/10
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary - Renal - Vascular
Due to _____
Due to _____

Duration
2 Days

PHYSICIAN
Underline the cause to which death should be charged statistically.

Other conditions (include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

3. (a) PRINT FULL NAME

James Chan Edwards

3. (b) If veteran, name war

no

3. (c) Social Security No.

no

4. Sex

Male

5. Color or race

White

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

Married

6. (b) Name of husband or wife

Alice Edwards

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

Unknown years

7. Birth date of deceased

Jan 12 1868
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

73

9

28

hr. min.

9. Birthplace

Greene County

Missouri

(City, town, or county)

(State or foreign country)

10. Usual occupation

Retired

11. Industry or business

Grocery Business

MOTHER FATHER

12. Name James P. Edwards

13. Birthplace Unknown

Kentucky

(City, town, or county)

(State or foreign country)

14. Maiden name Sarah F. O'Neill

15. Birthplace Unknown

Missouri

(City, town, or county)

(State or foreign country)

16. (a) Informant

Mrs. Alice Edwards

(b) Address Route # 11 Springfield, Mo.

17. (a)

Burial

(b) Date thereof

Nov 13 94
(Month) (Day) (Year)

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation St. Mary Cemetery

18. (a) Signature of funeral director

H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a)

1113 H

(b) W.E. Handley, M.D.

(Registrar's signature)

1113 H

23. Signature

W.E. Handley, M.D. (M. D. or other)
Address Springfield, Mo. Date signed 11/14/41

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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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *L. Doolin - Gorman*

Licensed Embalmer No. *3177*

P. O. Address *Princeton, Mo*

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.

X