

FILED FEB 16 1942  
347

Registration District No.

Primary Registration District No. 3018

Registrar's No.

1. PLACE OF DEATH:

(a) County HENRY  
(b) City or town Clinton Mo  
(c) Name of hospital or institution: Private Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME Addie Clarice Edwards

3. (b) If veteran, No name war. 3. (c) Social Security No. None

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

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

7. Birth date of deceased Sept 17 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 3 21 hr. min.

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

10. Usual occupation House Keeper

11. Industry or business

MOTHER FATHER { 12. Name A. W. Callahan 4  
13. Birthplace unknown (City, town, or county) (State or foreign country)  
14. Maiden name Hester Ann Potts  
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. C. Edwards  
(b) Address Deepwater, Mo.

17. (a) Deepwater City (b) Date thereof 1-10-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deepwater Mo

18. (a) Signature of funeral director J. C. Edwards

(b) Address Deepwater, Mo.

19. (a) Jan. 9, 1942 (b) Georgia Kitchen  
(Interreceived local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry  
(c) City or town Deepwater (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 Jan day 8  
year 1942 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from 12-2-41 to 1-8-42  
that I last saw him alive on 1-8-42  
and that death occurred on the date and hour stated above.

Immediate cause of death Senile Dementia  
Chronic Endocarditis  
Due to Atherosclerosis

Due to 1628  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None  
Of autopsy None  
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 E. C. Edwards (M. P. of other)  
Address Clinton Mo Date signed 1/9/42

RECEIVED

District Health Officer No. 7,

District File Number 2-42-69

Date Filed 2-11-42

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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

*Tom Smith*

Licensed Embalmer No. 2782

P. O. Address Deepwater 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, above space should be left blank.