. S. No. 2
M—9-4-41
v. 5-17-39
1 X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

5312

State File No.

FILED MAR 16 1942

Registration District No. 39 Primary Registration District No. 1002 Registrar's No. 862

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 907 "A" Garfield
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 42 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 907 "A" Garfield
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charlotte Edwards
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Fe 3
5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ollie Edwards
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased November (Month) ? (Day) 1881 (Year)

8. AGE: Years 60 Months ?3 Days ? If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country) Missouri
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name James Logan
13. Birthplace (City, town, or county) (State or foreign country) Unknown
MOTHER
14. Maiden name Laura
15. Birthplace (City, town, or county) (State or foreign country) Unknown
16. (a) Informant Ollie Edwards
(b) Address 907 "A" Garfield
17. (a) (Burial, cremation, or removal) burial (b) Date thereof (Month) (Day) (Year) 3/4/42
(c) Place: burial or cremation Highland Cemetery
18. (a) Signature of funeral director Hakins Bros.
(b) Address 1729 Lydia
19. (a) (Date received local registrar) 3/3/42 (b) (Registrar's signature) M. M. Crowe

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28th year 1942 hour 7 minute A. M.
21. I hereby certify that I attended the deceased from Feb 26, 1942 to Feb 28, 1942 and that I last saw her alive on Feb 26th, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Interstitial Nephritis (Uremia) — Duration

Due to 131 D

Due to

Other conditions (Include pregnancy within 3 months of death): Cerebral Hemorrhage

Major findings:
Of operations none
Of autopsy no

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature L. B. Guggenheim (M. D.)
Address 7202 E. 18th Date signed

561 (Licensed Embalmer's Statement on Reverse Side)

Guggenheim

Pennsylvania

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 Isaac H. Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.