

No. 2
-1-4-41
5-17-39
I X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **5314**
Registrar's No. **907**

Registration District No. **399**

Primary Registration District No. **1002**

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:
1003 Cherry /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **20 Years** years, months or days)

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. **1003 Cherry**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Katie Lea Edwards**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **500-03-0294**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **George Edwards** 6. (c) Age of husband or wife if alive **57 1/2** years
7. Birth date of deceased **November 15 - 1882**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 **3** **19** hr. min.

9. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Elijah McClain**

13. Birthplace **Tenn.**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Boten**

15. Birthplace **Tenn.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. George Edwards**

(b) Address **1003 Cherry**

17. (a) **Burial** (b) Date thereof **Mar 6, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt Hope Cem. N.E. Co. Mo.**

18. (a) Signature of funeral director **Mrs. C.L. Forster**

(b) Address **K.C. Mo.**

19. (a) **3/5/42** (b) **M.M. Crowl**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **4**
year **1942** hour **11** minute **25 A.M.**

21. I hereby certify that I attended the deceased from **3/3** 19**42**, to **3/4** 19**42**
that I last saw her alive on **3/4** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute pneumonia** Duration **2 1/2 wks**

Due to _____

Due to **50** _____

Other conditions **Malignancy Breast**
(Include pregnancy within 3 months of death)

Major findings: **Metastases**
Of operations _____

Of autopsy _____

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? **Yes** (Specify type of place) (e) Means of injury **2 1/2**

23. Signature **W. H. Hayden** (M. D. or other) **3/4/42**

Address **709-10 S. Butler** Date signed **3/4/42**

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

361 (Licensed Embalmer's Statement on Reverse Side) 1115 Grand Ave

wait for

1-3

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 Theron A. Redman

Licensed Embalmer No. 2737

P. O. Address H.C. Me

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.