

No. 2
1-4-41
17-39
X23390

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8097

State File No. _____

FILED MAR 9 1942
Registration District No. 0875

Primary Registration District No. 3039

Registrar's No. 64

1. PLACE OF DEATH

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
630 W. Hickory
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 2 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lawrence
(c) City or town Vernon
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Cintha Albertine Edwards

3. (b) If veteran, name war no 3. (c) Social Security No. no

20. DATE OF DEATH: Month Feb. day 25,
year 1942 hour 2:15 minute P M.

21. I hereby certify that I attended the deceased from
Feb 23 1942 to Feb 25 1942
that I last saw her alive on Feb 25 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Cancer of liver. Duration Don't know

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations H&F
Of autopsy _____
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? no (Specify type of place) (e) Means of injury _____

23. Signature W. R. [unclear] (M.D. or other) _____
Address Nevada, Mo Date signed 2/26/42

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife J. W. Edwards 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Sept. 23, 1942
(Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Stone County, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housekeeper

12. Name Jane Taylor

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

14. Maiden name Unknown

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

16. (a) Informant Izella Summers

(b) Address Nevada, Mo.

17. (a) Burial (b) Date thereof 2/27/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Aurora, Mo.

18. (a) Signature of funeral director Ferry Funeral Home

(b) Address Nevada, Mo

19. (a) 2-26-1942 (b) Allen [unclear]
(Date received local registrar) (Registrar's signature)

795 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7,

District File Number 3-42-192

Date Filed 3-5-42

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.....

Lloyd R. Winsett

Licensed Embalmer No. 3857

P. O. Address Merida, 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.