

State File No. \_\_\_\_\_

FILED MAY 11 1942  
Registration District No. 3192

Primary Registration District No. 5442

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Rural W. Kansas Twp  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(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 Henry A. Edwards

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased March 21 1868  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>-</u>	<u>18</u>	hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name James Edwards

13. Birthplace Dont know 9  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Snoddy

15. Birthplace Dont know 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edwards  
(b) Address Brookline Mo. R.F.D.

17. (a) Burial (b) Date thereof Apr. 10 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Manly Cemetery

18. (a) Signature of funeral director R. E. Thurman M.D. Co.

(b) Address Republic, Mo.

19. (a) 4-10-42 (b) Glennce Britain  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Brookline Mo - Rural  
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th  
year 1942 hour 2: minute 45 A.; M.

21. I hereby certify that I attended the deceased from April 9th  
1942 to April 9th, 1942;  
that I last saw him alive on April 9th, 1942;  
and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis

Due to Endocarditis

Due to \_\_\_\_\_

Other conditions 92e  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy None

Duration \_\_\_\_\_

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 2

23. Signature [Signature] (M. D. or other) D.O.  
Address 1204 734 Date signed 4/9/42

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

900

RECEIVED

Greene County Health Office,

County File Number 42-5-47

Date Filed 5/6/42

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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

*R. P. Hurman*

Licensed Embalmer No.

*583*

P. O. Address

*Republic 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.