

Registration District No. **318**

Primary Registration District No. **2001**

39  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **GREENE**  
(b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Springfield Baptist Hospital 0**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 day**  
(Specify whether  
In this community **30 years**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**  
(c) City or town **Springfield,**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **711 Fort**  
(If rural, give location) **0**  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **18th**,  
year **1942** hour **4** minute \_\_\_\_\_ A. M.  
21. I hereby certify that I attended the deceased from  
**May 16 1942** to **May 18 1942**  
that I last saw him **alive** on **May 17**  
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME **Calvin D. Edwards**

3. (b) If veteran, name war **Unknown** 3. (c) Social Security No. **Unk.**

4. Sex **Male 0** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mrs. Josephine Edwards** 6. (c) Age of husband or wife if alive **Unk.** years

7. Birth date of deceased **Jan. 26 1882**  
(Month) (Day) (Year)

8. AGE: Years **160** Months **3** Days **22** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation **City Fireman**

11. Industry or business **City Fire Department**

MOTHER FATHER

12. Name **Ralph Edwards**  
13. Birthplace **Unknown Ky 1**  
14. Maiden name **Thelma Mergel**  
15. Birthplace **Unknown Ky 1**

16. (a) Informant **Mrs. Josephine Edwards**  
(b) Address **Springfield, Missouri**

17. (a) **Burial** (b) Date thereof **5/20/42**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Greenlawn Cem.**

18. (a) Signature of funeral director **Alma Lohmeyer**  
**Springfield, Missouri**  
(b) Address \_\_\_\_\_

19. (a) **5-20-42** (b) **Dr. W. S. Handley**  
(Date received local registrar) (Registrar's signature)

Immediate cause of death **Coronary Thrombosis**  
Due to **Also suffered from previous attack same condition June 1941**  
Due to **Electrocardiogram made June 1941**  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations **9/40**  
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? \_\_\_\_\_

23. Signature **James C. Swery** (M. D. or other) \_\_\_\_\_  
Address **Medical Bldg. Bldg.** Date signed **5-18-42**

SEP 11 1946

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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.....

*Harlow Knott*

Licensed Embalmer No. *4065*

P. O. Address *Springfield, 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.

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