S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

20247

State File No.

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2552

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay 24
(c) City or town North Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. Route #8 1
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna Mae EDWARDS.
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife F. Arthur Edwards
6. (c) Age of husband or wife if alive ??? years
7. Birth date of deceased March 31st 1889 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
53	3	4	hr. min.

9. Birthplace Huron (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Seamstress.
11. Industry or business
FATHER
12. Name James Edward Wilson
13. Birthplace Huron (City, town, or county) Kansas (State or foreign country)
MOTHER
14. Maiden name Martha Culpepper.
15. Birthplace (City, town, or county) Iowa (State or foreign country)
16. (a) Informant Mrs. Elsie Stokes.
(b) Address North K. C. Route #8.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/6/42 (Month) (Day) (Year)
(c) Place: burial or cremation Atchison Kansas.
18. (a) Signature of funeral director Mellody-McGilley.
(b) Address K. C. Mo.
19. (a) 7-6-42 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th year 1942 hour 3 minute 05 P.M.
21. I hereby certify that I attended the deceased from 7-4, 1942 to 7-5, 1942 that I last saw h. alive on 7-5, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hemorrhagic Gastro enteritis	3 da.
Due to Food poisoning	3 da
Due to	
Other conditions Diabetes Mel. (Include pregnancy within 3 months of death)	?

Major findings:
Of operations 177
Of autopsy as above 13

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) 123
(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 U
23. Signature Herbert M. Parker (M. D. or other)
Address 736 Argyle Date signed 7-5-42

541 (Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 299

P. O. Address..... KC

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.