

FILED OCT 9 1942

Registration District No. _____

Primary Registration District No. 4009

Registrar's No. 76

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Warsaw
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Nichols Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community 7 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Adelpha
(c) City or town Adelpha Oklahoma
(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. 2 years.

3. (a) PRINT FULL NAME Charles Berney Edwards

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Anna Edwards 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Feb 16 1863
(Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 29 If less than one day hr. _____ min. _____

9. Birthplace Unknown Mich Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer at Present

11. Industry or business Contractor & Builder

12. Name Unknown Edwards

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

14. Maiden name Unknown

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

16. (a) Informant L. E. Edwards
(b) Address Adelpha Oklahoma P.O.

17. (a) Removal (b) Date thereof 9-14-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Garner Center

18. (a) Signature of funeral director Walter H. [unclear]
(b) Address Adelpha, Okla.
19. (a) 9/13/42 (b) JH Fitchman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 13
year 1942 hour 3 minute 10 A.M.

21. I hereby certify that I attended the deceased from 9-6-42 1942 to 9-13-42 1942;
that I last saw him alive on 9-13-42 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Atherosclerosis unknown complete bundle branch block

Due to 45A

Other conditions Epileptia bifallos 2 years
(Include pregnancy within 3 months of death)

extensive thyroid under ch
Major findings: + both jaws swollen

Of operations swallow

Of autopsy ✓

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 ⊙

23. Signature Floyd H. Spencer (M. D. or other) _____
Address Warsaw, Okla Date signed 9-13-42

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

2
1
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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 Geo E Daniel

Licensed Embalmer No. 3300 Missouri

P. O. Address St. Joseph, Missouri

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, above space should be left blank.