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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1942

Registration District No. 204

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2555 (5753)

State File No. 30817

Registrar's No. 152

1. PLACE OF DEATH:

(a) County Maries

(b) City or town Rural — Boone 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 1 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maries 63 0

(c) City or town Rural — Boone Twp. 0
(If outside city or town limits, write "RURAL")

(d) Street No. School district 24
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Shirley Marie Edwards

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased September (Month) 24 (Day) 1942 (Year)

8. AGE: Years ✓ Months ✓ Days ✓ If less than one day 8 hr. ✓ min.

9. Birthplace Maries Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation ✓

11. Industry or business ✓

FATHER
12. Name Thomas Patrick Edwards
13. Birthplace Maries Co. (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Edna Mae Pointer
15. Birthplace Maries Co. (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Thomas Edwards
(b) Address Vienna, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-25-42 (Month) (Day) (Year)
(c) Place: burial or cremation Vienna ~~Rome~~ Cem.

18. (a) Signature of funeral director Fred D. Gillesh
(b) Address Dixon Mo

19. (a) 9-25-42 (Date received local registrar) (b) Erma Bassett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24
year 1942 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept. 24, 1942 to Sept. 24, 1942
that I last saw her alive on Sept. 24, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death prematurity

Due to premature birth of unknown cause

Due to

Other conditions ✓
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓

Of autopsy ✓

159

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? ✓ (Specify type of place)
While at work? (e) Means of injury ✓

23. Signature Donley Sales (M. D. or other) D.O.
Address Brinktown, Mo. Date signed 9/24/42

1046 (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

Was not Embalmed, Registered Apprentice No.

working under my personal supervision.

Signed Fred O Gellner

Licensed Embalmer No. 2341

P. O. Address Dixon Nev.

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.