S. No. 2
M—5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36187

FILED NOV 19 1942

Registration District No. 449

Primary Registration District No. 1002

Registrar's No. 4078

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kan City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4533-Wabash 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8

(d) Street No. 4533-Wabash
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Charles D. Edwards

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race Wh

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Kate

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

7. Birth date of deceased May (Month) 27 (Day) 1860 (Year)

8. AGE: Years 82 Months 5 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace St Louis (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Retired

11. Industry or business Policeman

FATHER
12. Name Robert Edwards
13. Birthplace Kentucky 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Bennett
15. Birthplace Kentucky 1 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs R B Kirk
(b) Address 4533-Wabash

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov 4-42 (Month) (Day) (Year)
(c) Place: burial or cremation Louisiana, Mo

18. (a) Signature of funeral director Bergman, He
(b) Address Lin Blvd & Olive St

19. (a) 11-4/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 3rd
year 1942 hour 3 minute 10 P. M.

21. I hereby certify that I attended the deceased from Nov 1, 1917, to Nov. 3, 1942
that I last saw him alive on Nov 1, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Endocarditis	
Due to 9 a.m.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature J. McCalman (M. D. ~~or other~~) 0
Address 3850 Brooklyn Date signed 11/5-42

(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 Roy E Snow

Licensed Embalmer No. 2560

P. O. Address R C Md

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.