

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

1. PLACE OF DEATH:

(a) County Clinton  
(b) City or town Cameron  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
XXXXXX 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
XXX (Specify whether  
In this community \_\_\_\_\_  
years, months or days) X

2. USUAL RESIDENCE OF DECEASED:

(a) State n MO. (b) County Clinton 25  
(c) City or town Cameron 1  
(If outside city or town limits, write "RURAL")  
So Nettlington St.  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME James W. Edwards, Jr.

3. (b) If veteran, VVVVVV name war \_\_\_\_\_  
3. (c) Social Security No. XXXXXX

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

6. (b) Name of husband or wife \_\_\_\_\_  
XXXX 6. (c) Age of husband or wife if alive XXX years

7. Birth date of deceased January 1943  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
XXXXX XXXX 12 hr. 0 min.

9. Birthplace Cameron, MO 0  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name James Edwards

13. Birthplace Medford, Wis. 1  
(City, town, or county) (State or foreign country)

14. Maiden name Maunite Hopkins

15. Birthplace Tranton, Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant J. W. Edwards

(b) Address Cameron, MO.

17. (a) Burial (b) Date thereof Jan. 31, 1943  
(Burial, cremation, or reinterment) (Month) (Day) (Year)

(c) Place: burial or cremation McDaniels Cem. Cameron, MO.

18. (a) Signature of funeral director Off Moore

(b) Address Cameron, Mo.

19. (a) Feb. 1, 1943 (b) Mrs. Kathleen Harris  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29  
year 1943 hour 11 minute 50 P M.

21. I hereby certify that I attended the deceased from 11:50 A.M.  
Jan 29, 1943 to 11:50 P.M. 1/29/1943.  
that I last saw him alive on 1/29/1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Intracranial Hemorrhage Duration 11 hrs.

Due to Prolonged labor  
Abnormal presentation of fetus

Due to Malformation of pelvis  
Fracture of coccyx  
Delivery by forceps.

Other conditions (Include pregnancy within 3 months of death)

Major findings: 160  
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) injury in delivery.

(b) Date of occurrence 1/29/43

(c) Where did injury occur? American Clinton MO.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
at home

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury Prolonged labor

23. Signature [Signature] (M. D. or other) DO

Address Cameron, Mo. Date signed 1/29/43

**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.....

P. O. Address.....

*C. Moore*  
*1180*  
*Cameron 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.**