

FILED APR 9 1943  
294

3156

Registration District No. 294

Primary Registration District No. ....

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph  
(c) City or town Moberly  
(If outside city or town limits, write "RURAL")  
(d) Street No. 322 Epperson St.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lucy Ann 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 Married  
6. (b) Name of husband or wife Cyrus L. Edwards 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 27 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 11 16 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Macon County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name John Marion Lamb  
13. Birthplace Macon County Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Amanda Polson  
15. Birthplace Macon County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. C. L. Edwards  
(b) Address Moberly, Missouri  
17. (a) burial (b) Date thereof 3/17/1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Huntsville Cemetery

18. (a) Signature of funeral director Tom B Patton  
(b) Address Huntsville Mo  
19. (a) 3/19/43 (b) J. Nave  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15  
year 1943 hour 5:26 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from May 1 1938 to March 15 1943  
that I last saw her alive on March 15 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 2 days  
Due to arterio-sclerosis & Hypertension See p. 92  
Due to arterial stenosis  
Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: none 92 p  
Of operations \_\_\_\_\_  
Of autopsy none

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

23. Signature J. Nave (M. D. or other) M.D.  
Address Huntsville Mo Date signed 3/19/43

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

1036

CHUCKA L.

RECEIVED

District Health Officer No. 10

District File Number 4-43-672

Date Filed APR 8 1943

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 Tom B Patton

Licensed Embalmer No. 3944

P. O. Address Hamletville N.C.

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.