

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 113

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirksville

(c) Name of hospital or institution: Ellis Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 149 days (Specify whether)

In this community 149 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Adair

(c) City or town Kirksville (If outside city or town limits, write "RURAL")

(d) Street No. 415 N Main (If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME LYDA EDMONSON,

3. (b) If veteran, name war —

3. (c) Social Security No. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4-27-43 day 10<sup>00</sup> year 1943 hour 10 minute 5 A.M.

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

6. (b) Name of husband or wife James Edmonson 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased King 27-1-1868  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 1-1943 to Apr 27-1943 that I last saw him alive on April 27-1943 and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 8 Days 5 If less than one day — hr. — min.

Immediate cause of death Cerebral Hemorrhage

Due to arterial hypertension

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

Due to —

10. Usual occupation House Painter

Other conditions (Include pregnancy within 3 months of death) 83a

11. Industry or business military

Major findings: Of operations —

12. Name Robin L. Heavis

Of autopsy —

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

14. Maiden name Carrie Heavis

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

16. (a) Informant James J. Johnston

(b) Address King Park Hill

17. (a) (b) Date thereof April 30-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park

18. (a) Signature of funeral director Shamuel H. Bussell

(b) Address Kirksville Mo

19. (a) 11143 (b) Mrs. J. P. Wayne  
(Date received local registrar) (Registrar's Signature)

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 R. R. Ellis M.D. (M. D. or other) —

Address Kirksville Mo Date signed 4-28-43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

6031

FILED MAY 11 1943

RECEIVED

District Health Officer No. 10

District File Number 5-43-824

Date Filed MAY 10 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 W. C. Summers

Licensed Embalmer No. 2159

P. O. Address Turkville 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.