

3. No. 2
4-542
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14541

State File No.

FILED MAY 13 1943
Registration District No.

Primary Registration District No. 3028

Registrar's No. 92

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
615 E. 5th. St.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 615 E 5th St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Nathan Edde

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Phoebe

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

7. Birth date of deceased June 13 1861
(Month) (Day) (Year)

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

81 10 6 hr. min.

9. Birthplace Hickory Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business None

MOTHER FATHER { 12. Name John Edde

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

14. Maiden name Harriett Alsup

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

16. (a) Informant Mrs A N McCoy

(b) Address Carthage Mo.

17. (a) Burial (b) Date thereof April 24, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nemo Mo.

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage Mo.

19. (a) April 23 '43 (b) E. Elizabeth Copple
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 19
year 1943 hour 8:00 minute 0 P. M.

21. I hereby certify that I attended the deceased from See 8 13 to 19 43
that I last saw him alive on March 13 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial insufficiency

Due to Cerebral hemorrhage

Due to

Other conditions (Include pregnancy within 3 months of death) 932 v

Major findings: Of operations.....

Of autopsy.....

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?.....

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

23. Signature R. A. Webster (M. D. or Dr.)
Address Carthage Mo. Date signed Apr 22 43

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

1205

(Licensed Embalmer's Statement on Reverse Side)

43-4-390

MAY 13 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

John D. Batchelder
Licensed Embalmer No. *4153*
P. O. Address *Carthage 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.