

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution (If not in hospital or institution, write street number or location)
Trinity Lutheran Hospital
(d) Length of stay: In hospital or institution 6 Days (Specify whether
In this community 20 Years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 7606 Summit Street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mr. Howard Wayne Edwards
3. (b) If veteran, name war No 3. (c) Social Security No. 487-01-9405

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 6 day 28 (23)
year 1943 hour 9 minute 15 p.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Helen M. Edwards
6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased November 12 1907
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
35 7 11 hr. _____ min.

Immediate cause of death
1- Lobar pneumonia R. 3 days.
2- Chronic hypertensive
heukemia no. of years.
Due to _____
Due to _____

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

Other conditions (include pregnancy within 3 months of death)
108

10. Usual occupation Manager

Major findings:
Of operations _____

11. Industry or business A & P Store- 5th & Walnut St.
12. Name John R. Edwards
13. Birthplace Ladonia Missouri
(City, town, or county) (State or foreign country)
14. Maiden name May Scott
15. Birthplace Rush Hill Missouri
(City, town, or county) (State or foreign country)

Of autopsy _____
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 _____

16. (a) Informant Helen M. Edwards
(b) Address 7606 Summit St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25, 1943
(Month) (Day) (Year)
(c) Place: burial of cremation Mt. Moriah Cemetery
18. (a) Signature of funeral director D. N. Newsom's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 6-25-43 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

23. Signature Wm H. Trumble (M. D. or other)
Address Summit St Date signed _____

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

MOTHER FATHER

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 Emile M. Gilbow
Licensed Embalmer No. 3506
P. O. Address KC 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.