

FILED JUL 10 1943

Registration District No. _____ Primary Registration District No. 3.00.6

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

1. PLACE OF DEATH:

(a) County Boone

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

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

(d) Length of stay: In hospital or institution 2 Days
(Specify whether)

In this community 68 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. 708 Providence Rd.
(If rural, give location)

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

3. (a) PRINT FULL NAME LUTHER HOLLIS EDWARDS

3. (b) If veteran, name war Spanish-American 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 8 - 7 - 1874
(Month) (Day) (Year)

8. AGE: Years 68 Months 10 Days 23 If less than one day hr. _____ min. _____

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

10. Usual occupation Associate Editor of Newspaper

11. Industry or business _____

MOTHER FATHER { 12. Name Martin Luther Edwards

{ 13. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mary Ella Cunningham

{ 15. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant C. Moss Edwards

(b) Address 511 Ann St., Columbia, Mo.

17. (a) Burial (b) Date thereof 7-4-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Carroll Funeral Service

(b) Address Columbia, Mo.

19. (a) 7-2-1943 (b) E. O. H. Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30
year 1943 hour 11:30 minute A. M.

21. I hereby certify that I attended the deceased from 6-10 to 6-30-1943
and that death occurred on the date and hour stated above.

Immediate cause of death Flu (Influenza) and Pol attack in terminal stage
Duration of attack _____

Due to 337

Other conditions Myocarditis
(Includes pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations _____

Of autopsy _____

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 W. D. Dyer (M.D. or D.V.M.)
Address Columbia Date signed 7-2-43

AUG 20 1948

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. S. Philisites*
Licensed Embalmer No. *3893*
P. O. Address *Calumet*

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.