S. No. 2
M—2-43
5-17-39
I X35

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22299

FILED JUL 7 1943

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 286

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. State Hospital No. 4 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 yrs. 9 mos. 23 das. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

(c) City or town Festus 94
(If outside city or town limits, write "RURAL")

(d) Street No. Unknown 0
(If rural, give location)

(e) Citizen of foreign country? Unknown 0 (Yes or No)

If yes, name country Born in England. 0

3. (a) PRINT FULL NAME WILLIAM SAMUEL EDWARDS

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race W.

6. (a) Single, widowed, married, divorced 0 Single

6. (b) Name of husband or wife None

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

7. Birth date of deceased Sept. (Month) 20, (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
70	9	0	hr. min.

9. Birthplace London (City, town, or county) England 4 (State or foreign country)

10. Usual occupation None except chores about home.

11. Industry or business

FATHER
12. Name William Edwards
13. Birthplace (City, town, or county) England 4 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Williams
15. Birthplace (City, town, or county) England 4 (State or foreign country)

16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-23-43 (Month) (Day) (Year)
(c) Place: burial or cremation Presbyterian Cem., Festus, Mo.

18. (a) Signature of funeral director H. S. Vinyard
(b) Address Festus, Missouri

19. (a) June 30-1943 (Date received local registrar) (b) Byrdie Buhrmester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20, year 1943 hour 11 minute 7 P.M.

21. I hereby certify that I attended the deceased from Sept. 5, 19 42 to June 20, 19 43; that I last saw him alive on June 20, 19 43; and that death occurred on the date and hour stated above.

Immediate cause of death Accident. Fall, Fracturing Skull.

Due to

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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) Accident. 094

(b) Date of occurrence June 20, 1943.

(c) Where did injury occur? Farmington, St. Francois, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? At the Cottage where he was an inmate. Ho (Specify type of place)

While at work? (e) Means of injury Fell down stairs

23. Signature State Hospital #4, Farmington, Mo. (M. D. or other)

Address Frank J. Nichols Farmington Mo. Date signed 6-21-43

1196

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 243-2372

Date Filed 7-6-43

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 Joseph A. Burnside

Licensed Embalmer No. 3552

P. O. Address Festus 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.