

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **28469**
Registrar's No. **75**

FILED SEP 13 1943
Registration District No. **55**

Primary Registration District No. **3127**

19
6
2

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution 917 N. Hall 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 _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 917 N. Hall St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Nancy Louise Edgworth

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29
year 1943 hour 10:45 minute 00 A.M.

21. I hereby certify that I attended the deceased from August 23
1943 to Aug 29 1943
or August 29 1943
that I last saw h er alive on _____ and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

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

7. Birth date of deceased June 17 1943
(Month) (Day) (Year)

Immediate cause of death Enterocolitis **2 weeks**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1190

8. AGE: Years _____ Months 0 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation Child

11. Industry or business _____

MOTHER FATHER

12. Name Jesse Edgworth

13. Birthplace Flat River, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Edgworth

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

16. (a) Informant Jesse Edgworth

(b) Address 917 N. Hall St. Missouri City, Mo.

17. (a) Burial (b) Date thereof Aug 30 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centerville Cem.

18. (a) Signature of funeral director Missouri City, Mo.

(b) Address Missouri City, Mo.

19. (a) Aug 31 1943 (b) Mrs. Edith Sage
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy _____

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? _____

23. Signature [Signature] (M. D. or other) 2

Address Centerville, Mo. signed [Signature]

48-8-709

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

A. K. Mills

Licensed Embalmer No.

347

P. O. Address

Walt City, 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.