

FILED NOV 5 1943

Registration District No. 42

Primary Registration District No. 1008

Registrar's No. 1154

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 HOURS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town near Rendale
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ethel Mae Edwards

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 5
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 9 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
9 11 hr. min.

9. Birthplace Andrew Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Fred Edwards

13. Birthplace Andrew Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Hilda Clemons

15. Birthplace Andrew Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Fred Edwards

(b) Address Rendale Mo

17. (a) R (b) Date thereof 10-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Savannah Mo

18. (a) Signature of funeral director E. E. Breit

(b) Address Savannah Mo

19. (a) 10-23-43 (b) Ree Henry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 20
year 1943 hour _____ minute P M.

21. I hereby certify that I attended the deceased from December 9 1942 to October 20 1943
that I last saw her alive on October 20 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Intestinal obstruction with acute peritonitis
Duration few hours

Due to _____

Due to _____

Other conditions: 122 hr
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy: Intestinal obstruction at hepatic flexure

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 Thos M. Steubley (M.D. or other) Mo
Address Savannah Mo Date signed Oct 22 1943

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

1003

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..... *E. C. Breit*

Licensed Embalmer No. *2650*

P. O. Address..... *Savannah Ga*

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.