

Registration District No. 120

Primary Registration District No. 5444

1. PLACE OF DEATH:

(a) County Gentry  
(b) City or town Albany Rural Athens Townsh.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
County Home 5  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Liza Jane Edwards

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

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

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

7. Birth date of deceased May 14 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
83 7 16 hr. min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Whitely Edwards  
13. Birthplace Unknown Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Rachel Steeves  
15. Birthplace Unknown Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cecil Grooms  
(b) Address Darlington, Missouri

17. (a) Burial (b) Date thereof Jan. 1-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Long Branch

18. (a) Signature of funeral director [Signature]  
(b) Address Albany, Missouri

19. (a) 12/31/43 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry 38  
(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30  
year 1943 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from Dec 1  
to Dec 5, 1943;  
that I last saw her alive on \_\_\_\_\_, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Artery  
Thrombosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations [Signature]  
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 \_\_\_\_\_

23. Signature [Signature] (M. D. or other)  
Address Albany Mo Date signed 12 30 43

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

**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 me

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Clifford Brooks

Licensed Embalmer No. 3329

P. O. Address. Albany, Missouri

**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.**