S. No. 2
1—5-42
5-17-39
I X32873

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. 43539

FILED DEC 2 1943

Registration District No. ____ Primary Registration District No. 6081 Registrar's No. ____

1. PLACE OF DEATH:
(a) County: Ste Genevieve
(b) City or town: Rural Union (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Farm (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 72 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Ste Genevieve
(c) City or town: Farmington R 2 (If outside city or town limits, write "RURAL")
(d) Street No. ____ (If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No) If yes, name country: ____

95

3. (a) PRINT FULL NAME: J. FRANK EDWARDS
3. (b) If veteran, name war: ____
3. (c) Social Security No. ____
4. Sex: Male
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Sabitha Murphy
6. (c) Age of husband or wife if alive: 68 years
7. Birth date of deceased: Nov (Month) 26 (Day) 1871 (Year)
8. AGE: Years 72 Months ____ Days ____ If less than one day ____ hr. ____ min.
9. Birthplace: Ste Genevieve Co (City, town, or county) (State or foreign country) O
10. Usual occupation: Farmer
11. Industry or business: ____
FATHER 12. Name: Richard Edwards
FATHER 13. Birthplace: Tenn. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Josephine Higgins
MOTHER 15. Birthplace: Tenn. (City, town, or county) (State or foreign country)
16. (a) Informant: Sabitha Edwards
(b) Address: Farmington R 2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov 29 43 (Month) (Day) (Year)
(c) Place: burial or cremation: Woodman, Three Rivers Mo
18. (a) Signature of funeral director: Cozean Funeral Home
(b) Address: Farmington, Mo
19. (a) Dec 7 1943 (Date received by local registrar) (b) Rev. Joseph A. Gassner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: 26th day: Nov. year: 1943 hour: 9:30 minute: P.M.
21. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____; that I last saw h. ____ alive on ____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: CORONARY THROMBOSIS — Duration
Due to: HEART TROUBLE
Due to: ____
Other conditions (Include pregnancy within 3 months of death): ____
Major findings: Of operations: 94a
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? ____ (Specify type of place)
While at work? ____ (e) Means of injury: ____
23. Signature: Harry Stanton (M. D. or other) 3 Coroner
Address: Ste Genevieve, Mo Date signed: 11/27/43

85

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1243-3082

Date Filed 12-20-43

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

Signed Nellie Harter

Licensed Embalmer No. 2969

P. O. Address Farmington Me.

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.