

FILED MAY 1 1944

Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 1614

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1710 Park
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 1710 Park
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Willie Jane Edwards

MEDICAL CERTIFICATION

3. (b) If veteran, name war None 3. (c) Social Security No. None

20. DATE OF DEATH: Month April day 9th year 1944 hour 5:30 minute P. M.

4. Sex Fe 5. Color or race Col 6. (a) Single, widowed, married, divorced Married

21. I hereby certify that I attended the deceased from Nov 12-43 to Apr 9-44 that I last saw her alive on Apr 7-44 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Jas. A. Edwards 6. (c) Age of husband or wife if alive 66 years

Immediate cause of death Oedema of lung

7. Birth date of deceased July 4 1879
(Month) (Day) (Year)

Due to Cancer - 2d. to breast tumor

8. AGE: Years 64 Months 9 Days 5 If less than one day hr. min.

Other conditions (Include pregnancy within 3 months of death)

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

PHYSICIAN

10. Usual occupation At Home

Major findings: Of operations 50
Of autopsy _____

11. Industry or business _____

12. Name Jas. G. Haworth

13. Birthplace Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Amanda Bolen
(City, town, or county) (State or foreign country)

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

16. (a) Informant Jas. A. Edwards

(b) Address 1710 Park

17. (a) burial (b) Date thereof 4/12/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Watkins Bros.

(b) Address 1729 Lydia

19. (a) 4-12-44 (b) D. E. Brown
(Data received local registrar) (Registrar's signature)

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 Bert A. Spooner (M. D. or other) _____

Address 1225 Rialto Date signed 4/12/44

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 *J. J. Munroe*.....

Licensed Embalmer No. *3994*.....

P. O. Address *2503 Highland*.....

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.