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7-39  
X35997

FILED MAY 8 1944

Registration District No. 164

Primary Registration District No. 3032

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution:  
Warrensburg Clinic  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Hrs.  
In this community 2 Hrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME James Riley Edwards

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 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 April 3 1944  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>0</u>	<u>0</u>	<u>0</u>	<u>2 hr. 0 min.</u>

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

10. Usual occupation None

11. Industry or business

MOTHER FATHER {

12. Name Raymond Riley Edwards

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

14. Maiden name Emerlee Whitfield

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

16. (a) Informant Mrs. Raymond R. Edwards

(b) Address Warrensburg, Mo.

17. (a) Burial (b) Date thereof 4-3-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Sweeney Phillips

(b) Address Warrensburg, Missouri

19. (a) April 4 1944 (b) Leola M. Williams  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

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

(d) Street No. Warrensburg Mo.  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3  
year 1944 hour 4 minute 35 P. M.

21. I hereby certify that I attended the deceased from April 3  
1944 to April 3, 1944;  
that I last saw him alive on April 3, 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death, Pneumonia - 7 months  
Pregnancy

Due to        Duration 2 hrs.

Due to       

Other conditions 159  
(Include pregnancy within 3 months of death)

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?       

While at work?        (Specify type of place) (e) Means of injury       

23. Signature Edgar M.D. (M. D. or other) 4-3-44  
Address Warrensburg, Mo. Date signed       

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

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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.....

*was not*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Earl Priest*

Licensed Embalmer No. ....

*3878*

P. O. Address.....

*Warrensburg*

**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.**