

FILED JUN 3 1949

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 2334

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2700 Ramsey 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 30 years
years, months or days

3. (a) PRINT FULL NAME Edwin H. Page
3. (b) If veteran, name war NO 3. (c) Social Security No. None

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hattie 6. (c) Age of husband or wife if alive 18 1/2 years
7. Birth date of deceased June 9 1862
(Month) (Day) (Year)

8. AGE: Years 81 Months 11 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace New York NY 1
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Morton Salt Co.

12. Name Edwin Page

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

14. Maiden name Unknown

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

16. (a) Informant Harold B. Page

(b) Address 5543 Montpelier

17. (a) Burial (b) Date thereof 5/31/49
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Snow Mayberry

(b) Address 2315 R. Road

19. (a) 5-31-49 (b) N. E. Brown
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kennett City
(If outside city or town limits, write "RURAL")
(d) Street No. 3420 Park
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 5 hour _____ minute _____ P.M.
21. I hereby certify that I attended the deceased from May 15, 1948, to May 23, 1948.
that I last saw him alive on May 23, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Suban Pneumonia
Duration 2 weeks

Due to Senility

Due to Heart failure

Other conditions (Include pregnancy within 3 months of death) 108

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? _____

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

23. Signature Edwin Page (M. D. or other)

Address 3500 Prospect Date signed 5-23-49

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

MOTHER FATHER

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 Ray E. Snow

Licensed Embalmer No. 25760

P. O. Address R E M

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.