

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 8 1944
Registration District No. 321

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4470

State File No. 25815
Registrar's No. 13

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Arrow Rock
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 56 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME William Henry Edwards

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Orlinda Emma Edwards 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 25th, 1860
(Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 19 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired merchant

11. Industry or business _____

12. Name John Wesley Edwards
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Lucy Ann Eastham
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rose Hancey
(b) Address 7 Tamm City Mo.

17. (a) Burial (b) Date thereof July 16, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Arrow Rock, Mo.

18. (a) Signature of funeral director Campbell - Rens
(b) Address Marshall, Mo.

19. (a) 7-15-1944 (b) Mrs. W.E. Shackelford
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97
(c) City or town Arrow Rock 0
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14
year 1944 hour 2 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan. 1st
1944 to July 14, 1944
that I last saw him alive on July 14, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Stenosis pyloric end of
Stomach

Due to obstruction of common
duodenum

Due to atrophic Pankreas
of Suffer

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

Major findings: _____

Of operations _____

Of autopsy yes

as above

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 C.L. Lawless (M. D. or other) _____

Address Marshall Mo Date signed 7-14-44

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Product License
District File Number
Date Filed 8-7-45

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

B. W. Campbell Jr.
3469

Licensed Embalmer No.

P. O. Address

Marshall, Mo

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.