

FILED AUG 16 1944

State File No.

Registration District No. 42

Primary Registration District No. 1200

Registrar's No. 808

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
MO. M. E. Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 Hours  
(Specify whether  
In this community 61  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Andrew  
(c) City or town Rea mo  
(If outside city or town limits: write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 1 years.

3. (a) PRINT FULL NAME Catherine Edwards

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife Fred Edwards 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased 10-16-1882  
(Month) (Day) (Year)

8. AGE: Years 61 Months 9 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace LOVILIA IOWA  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER  
12. Name Samuel Cobb  
13. Birthplace un known Ky  
(City, town, or county) (State or foreign country)  
14. Maiden name Margrete Ferguson  
15. Birthplace un known  
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Edwards

(b) Address Rea mo

17. (a) \_\_\_\_\_ (b) Date thereof 8-16-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Whitesville mo

18. (a) Signature of funeral director E. C. Burt

(b) Address Lawrence mo

19. (a) 8/15/44 (b) John J. Poble  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 11  
year 1944 hour 11 minute 30 P M.

21. I hereby certify that I attended the deceased from 10-11-PM  
1944 to 10-11-PM, 1944

that I last saw he alive on 10-11-, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death intestinal obstruction

Due to Orumental adhesion

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Gangrenous  
Of operations \_\_\_\_\_  
Of autopsy none

Duration  
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 Paul Jorgensen (M. D. or other) \_\_\_\_\_

Address St Joseph, Mo Date signed 8-12-44

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

JUL 2 1946

JUL 5 1945

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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.....

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

working under my personal supervision.

Signed.....

*E. C. Breit*

Licensed Embalmer No. *2650*

P. O. Address *Savannah 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, above space should be left blank.**