

S. No. 2
M-5-43
v. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27922
Registrar's No. 172

FILED SEP 8 1944
Registration District No. 147

Primary Registration District No. 5569

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
4 mi south Raytown
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 11 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 4 mi. South Raytown
(If rural, give location)

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

3. (a) PRINT FULL NAME William F. 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, married

6. (b) Name of husband or wife Della O Edwards

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased May 8 - 1870
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Raytown Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER, FATHER { 12. Name Wm. T. Edwards

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

14. Maiden name Mary Crier

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

16. (a) Informant Mrs Sam E. Brown

(b) Address 59 Blue Ridge

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-30-44
(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Ch + Mitchell

(b) Address 310 N Main St Independence

19. (a) 7-29-44 (Date received local registrar) (b) Mrs O. E. Larkin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
year 1944 hour 18 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 28, 1944, to _____, 19____;
that I last saw him alive on May 20, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to chronic myocardial degeneration

Due to E.H.L. May 1944

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

Major findings: _____
Of operations _____

Of autopsy _____

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) _____
Means of injury 2

23. Signature Theodore Loring M (M. D. or other) DO

Address Raytown Mo Date signed 7-28-44

1159

FILED FEB 8 1932

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Henry D. Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep. 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.