

32134227

FILED OCT 24 1944

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 800

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1030 Cherry
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Springfield, 2
(If outside city or town limits, write "RURAL") 6
(d) Street No. 1030 Cherry (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Joseph A. Edwards

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Gertrude L. Edwards 6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased September 4, 1873
(Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER } 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country) 9
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Marguerite Morris
(b) Address Alexandria, Virginia
17. (a) Burial (b) Date thereof Oct. 7, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lamar, Missouri
18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri

19. (a) 10-7-44 (b) B. W. Standley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4
year 1944 hour 11:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from 10-4-44 2:45 am to 10-4-44 5:00 pm 1944
that I last saw him alive on 10-4- 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Nephritic chronic Duration 6 mos.

Due to _____
Due to 131/16

Other conditions Senility
(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 0

23. Signature P. E. Feller (M. D. or other) 0
Address Springfield, Mo Date signed 10/7/44

984 (Licensed Embalmer's Statement on Reverse Side)

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

39
2
6

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: *Harlow Knabb*

Licensed Embalmer No. *4065*

P. O. Address: *Springfield, 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.

[Signature]