

FILED DEC 27 1944  
Registration District No. 128

Primary Registration District No. 2000

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

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:  
O'Reilly General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days (Specify whether  
In this community 3 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright 114  
(c) City or town Norwood (Rural) 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route #1 (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11  
year 1944 hour 10 minute 35 P.M.  
21. I hereby certify that I attended the deceased from Dec 8  
1944 to 11 December 1944

that I last saw him alive on 11 December 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Meningitis, tubercu-  
lous Duration 3 wks.

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

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

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

Major findings:  
Of operations \_\_\_\_\_

Of autopsy Tuberculous meningitis

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 Richard L. Tranks (M. D. or other) M.D.

Address O'Reilly General Hosp Date signed 12/24/44

3. (a) PRINT FULL NAME ALVIN L. EDWARDS

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive X-X years

7. Birth date of deceased May 11, 1943  
(Month) (Day) (Year)

8. AGE: Years 1 Months 7 Days 0 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation In fact

11. Industry or business \_\_\_\_\_

12. Name Andrew Edwards

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

14. Maiden name Mary King

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

16. (a) Informant Mary Edwards

(b) Address Norwood Mo

17. (a) Funeral (b) Date thereof Dec. 12, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mansfield, Missouri

18. (a) Signature of funeral director J. A. Stoffe

(b) Address Mansfield Mo

19. (a) 12-13-44 (b) W. H. Handley  
(Date received local registrar) (Registrar's signature)

" A report submitted to the Bureau of the Census."

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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

*F. A. Staffe*

Licensed Embalmer No. *3221*

P. O. Address

*Mansfield 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.**