

28037

DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 239

Primary Registration District No. 823-4356

Registrar's No. Y353

1. PLACE OF DEATH: (a) County New Madrid (b) City or town Parma (c) Name of hospital or institution None (d) Length of stay: In hospital or institution None In this community 5 yrs

2. USUAL RESIDENCE OF DECEASED: (a) State Missouri (b) County New Madrid (c) City or town Parma (d) Street Pentecost (e) Citizen of foreign country? No

3. (a) PRINT FULL NAME CLETUS-LEE-EDWARDS (b) If veteran name war None (c) Social Security No None

MEDICAL CERTIFICATION 20. DATE OF DEATH: Month July day 10 year 1945 hour 11 minute 00 P.M. 21. I hereby certify that I attended the deceased from Jan 1, 1945 to July 10, 1945 that I last saw him alive on July 10, 1945 and that death occurred on the date and hour stated above.

4. Sex M. O 5. Color or race White 6. (a) Single, widowed, married, divorced Married (b) Name of husband or wife Lellie Edwards (c) Age of husband or wife if alive years 22 1903 7. Birth date of deceased Aug 22 1903

Immediate cause of death Pulmonary tuberculosis

8. AGE: Years 39 Months 10 Days 18 If less than one day hr. 0 min. 0

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

10. Usual occupation Common Laborer

11. Industry or business

12. Name John Edwards 13. Birthplace State of Tenn 14. Maiden name Martha Redden 15. Birthplace State of Tenn

16. (a) Informant Haywood Edwards (b) Address Malden Mo. Rt 1

17. (a) Burial (b) Date thereof July 12-45 (c) Place: burial or cremation Malden

18. (a) Signature of funeral director W. J. W. Services (b) Address Parma, Mo.

19. (a) 7/12/45 (b) Dr. G. W. Husted (Registrar's signature)

Due to... Due to... Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 138 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? (d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Geo W. Husted (M. D. or other) Address Parma Mo. Date signed 7/12/45

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

72 5 0

1396

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 845-1014

Date Filed 8-8-45

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 Roman Steele.....

Licensed Embalmer No. 2476.....

P. O. Address Wetter 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.