S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37308

FILED DEC 13 1945

Registration District No. 133 — Primary Registration District No. 5486 — Registrar's No. 94

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Rural — Dallis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ✓ /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 80-0-0
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 41

(a) State Missouri (b) County Harrison

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

(d) Street No. 3 3/4 Miles North of New Hampton
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country ✓

3. (a) PRINT FULL NAME Isaac Millard Edson

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

4. Sex Male 0 — 5. Color or race Wht. — 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lillian Edson — 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased 3 (Month) 6 (Day) 1858 (Year)

8. AGE: Years 87 — Months 7 — Days 25 — If less than one day ___ hr. ___ min.

9. Birthplace Matton, Coles Co (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Alonzo Smith Edson
13. Birthplace (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Patience Ferguson Edson
15. Birthplace (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Etta Catherine Johnson
(b) Address Stanberry Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov-4-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Kidwell Cemetary

18. (a) Signature of funeral director J. Evan Johnson
(b) Address Stanberry Missouri

19. (a) Nov. 5 45 (Date received local registrar) (b) Zola Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 1st year 1945 hour 11 minute A.M.

21. I hereby certify that I attended the deceased from March 3rd 1945, to ~~[illegible]~~ Nov 1st 1945 that I last saw him alive on Oct 30th 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Interstitial Nephritis — Duration: unknown

~~Due to~~ (Uraemic Poisoning)

Due to

Other conditions Chronic Arthritis — unknown
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 131

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature W. G. Campbell (M. D. or other)

Address Albany Date signed Nov 3rd 1945

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11
District File Number
Date Filed

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~~ J Evan Johnson, Registered Apprentice No. ✓, working under my personal supervision.

Signed J Evan Johnson

Licensed Embalmer No. 3492

P. O. Address Stanberry 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.