

FILED MAR 14 1946

Registration District No. 138

Primary Registration District No. 5521

Registrar's No. 31

1. PLACE OF DEATH:

(a) County HICKORY
(b) City or town HERMITAGE Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(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 HICKORY
(c) City or town HERMITAGE
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SARAH ELLEN EDGE

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

4. Sex FEMALE 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife William Thomas Edge 6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased JAN. 29 1868
(Month) (Day) (Year)

8. AGE: Years 78 Months 0 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace ST. CLAIR CO. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name JAMES LAWSON

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

14. Maiden name SARAH ELIA DOWD

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

16. (a) Informant NEWELL S. WEINFIELD

(b) Address _____

17. (a) BURIAL (b) Date thereof FEB 17 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HERMITAGE CEMETERY

18. (a) Signature of funeral director Walter Raymond

(b) Address Wheatland Mo.

19. (a) Feb 19-1946 (b) W. R. Hargiss
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 15
year 1946 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from Feb 12 1946 to Feb 15 1946
that I last saw her alive on Feb 15 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration 3 days

Due to Chronic myocarditis

Due to senility

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

Major findings: Of operations _____

Of autopsy 107

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 Fall

23. Signature C. H. Biles (M. D. or other) Feb 16

Address Wheatland Mo. Date signed Feb 16

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

2000

AUG 31 1949

RECEIVED
District Health Officer No. 7
District file number 2-46-245
Date Filed 3-13-46

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.....

William C. Mendenhall, Registered Apprentice No. 396
working under my personal supervision.

Signed Chas. Gilbert Hathaway

Licensed Embalmer No. 4267

P. O. Address Talbot, Md.

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.