

S. No. 2
M-5-43
r. 5-17-39
I X3687

FILED APR 10 1946

State File No. _____

Registration District No. 56

Primary Registration District No. 5193

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Carroll

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

(c) Name of hospital or institution:
X / 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X (Specify whether years, months or days)

In this community 46. Years.

2. USUAL RESIDENCE OF DECEASED: 17

(a) State Missouri (b) County Carroll

(c) City or town Norborne, Mo. RR# 3
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Egypt Twp.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth Edmondson,

3. (b) If veteran, name war None

3. (c) Social Security No. No

4. Sex Fem / 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife X

6. (c) Age of husband or wife if alive X years

7. Birth date of deceased Feb 14 1866
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 - day 23 / year 1946 hour 11-25 minute _____ M.

21. I hereby certify that I attended the deceased from 3-22 / 1946 to 3-23 / 1946

that I last saw her alive on 3-20 / 1946 and that death occurred on the date and hour stated above

8. AGE:

Years	Months	Days	If less than one day
<u>80</u>	<u>I</u>	<u>8</u>	hr. _____ min.

Immediate cause of death apoplexy

Due to arterio sclerosis

Due to _____

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

9. Birthplace Lebanon Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation House Work At Home.

Major findings:
Of operations _____

Of autopsy gzw

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

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Rose Buckman

{ 13. Birthplace State of Kentucky
(City, town, or county) (State or foreign country)

{ 14. Maiden name Sara Webb

{ 15. Birthplace State Of Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Berlak Wille

(b) Address Norborne Mo. RR 3

17. (a) Burial (b) Date thereof 3-29-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Saint Marys Carrollton

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? _____

18. (a) Signature of funeral director John S. Ditch

(b) Address Norborne Mo

19. (a) 3-26-46 (b) Eileen Pennington
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury 0

23. Signature Be Cole (M. D. or other) _____

Address Norborne Mo Date signed 3-25-46

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

46

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4-9-46

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed John G. Deutch

Licensed Embalmer No. 3654

P. O. Address Harbome 7000

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.