DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14091

Registration District No. 278 Primary Registration District No. 3054 Registrar's No.

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

1. PLACE OF DEATH:

(a) County PIKE

(b) City or town LOUISIANA
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 118 NORTH 15th. ST. 1
(If not in hospital or institution, write street number or location)

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

In this community LIFETIME

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PIKE 82

(c) City or town LOUISIANA 2
(If outside city or town limits, write "RURAL")

(d) Street No. 118 NORTH 15th. ST 1
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME ANNA MARIE EDWARDS

3. (b) If veteran, name war

3. (c) Social Security No. NONE

4. Sex FEMALE 1

5. Color or race WHITE

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

6. (b) Name of husband or wife PLEAS C EDWARDS

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

7. Birth date of deceased DECEMBER (Month) 17 (Day) 1878 (Year)

8. AGE: Years 67 Months 2 Days 28 If less than one day hr. min.

9. Birthplace PIKE COUNTY (City, town, or county) MISSOURI (State or foreign country) 6

10. Usual occupation HOUSEWIFE

11. Industry or business HOUSEKEEPING

FATHER
12. Name JOHN HEISTER
13. Birthplace GERMANY (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name SUSANNA WALTHERS
15. Birthplace GERMANY (City, town, or county) (State or foreign country) 4

16. (a) Informant MRS. AUGUSTUS HATTENBACK
(b) Address LOUISIANA MISSOURI

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR 17, 194 (Month) (Day) (Year)
(c) Place: burial or cremation BETHANY CEMETERY

18. (a) Signature of funeral director GARNER & STERNE
(b) Address LOUISIANA MISSOURI

19. (a) Mar. 17 1946 (Date received local registrar) (b) Margaret E. Stephens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 15 year 1946 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from 3/11/46, 19..., to 3/14/46, 19...; that I last saw her alive on 3/14/46, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death heart failure and kidney failure	1 wk
Due to Generalized Carcinomatosis	1 yr.
Due to Carcinoma of Cervix of Uterus with extension	4 yr
Other conditions Anemia - hemorrhage (Include pregnancy within 3 months of death)	3 da.

Major findings:
Of operations none
Of autopsy none

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) no

(b) Date of occurrence no

(c) Where did injury occur? no (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no (Specify type of place)

(e) While at work? no (e) Means of injury

23. Signature Chas. H. Lewellen (M. D.)
Address Louisiana Mo. Date signed 3/16/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-46-868
Date Filed APR-2-2-1946

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 J. B. Sterne

Licensed Embalmer No. 4039

P. O. Address Louisiana 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.