

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

15386

State File No.

FILED MAY 2 1946

Registration District No. 328

Primary Registration District No. 3073

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Scott  
(b) City or town Chaffee  
(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 13 days  
In this community 13 days  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott 100  
(c) City or town Chaffee 1  
(If outside city or town limits, write "RURAL") 1  
(d) Street No. (If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country.

3. (a) PRINT FULL NAME Donnie Gene Edwards

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Baby ✓  
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive 10 years (Day) (Year)

7. Birth date of deceased April 10, 1946  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
— — 13 hr. min.

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

10. Usual occupation ✓

11. Industry or business ✓

MOTHER FATHER  
12. Name Wm. E. Edwards  
13. Birthplace Near Illinois Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Humphrey  
15. Birthplace Dunklin Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Wm. Edwards  
(b) Address Chaffee Mo

17. (a) Burial (b) Date thereof 4/24/46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Union Park Cem Chaffee Mo

18. (a) Signature of funeral director Displinghoff Funeral Home  
(b) Address Chaffee Mo

19. (a) 4/24/46 (b) H. B. MacCready  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23  
year 1946 hour 9 minute P.M.  
21. I hereby certify that I attended the deceased from Apr 23  
1946 to 19;  
that I last saw him alive on April 23 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Malnutrition  
Congenital debility  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

Major findings: Of operations 159  
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? \_\_\_\_\_ (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) (e) Means of injury 4  
While at work? \_\_\_\_\_  
23. Signature Mabel M. Helgen or other DD  
Address Chaffee - Mo Date signed 4/24/46

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
14285

RECEIVED

District Health Office No. 2.

District File Number 546-554

Date Filed 5-2-46

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Mamie Beplughoff  
Licensed Embalmer No. 3242  
P. O. Address Chaffee 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.**